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ABSTRACT

This handbook gives step-by-step instruction on using play therapy with children in school and private practice settings. The second edition builds on the fundamental instruction of the first edition and supplies play therapists with the necessary tools to strengthen therapeutic work with children-- especially those with problematic attitudes-- their parents, and their teachers and to engage them all in making changes that will benefit the client. Detailed information on developing client lifestyle conceptualizations and treatment plans (which include strategies for working with parents and teachers) have been added, as have many more strategies for using art and metaphors in work with children. A case study designed to illustrate each of the stages of Adlerian play therapy highlights the author's techniques. The chapters are as follows: (1) Overview of Play Therapy; (2) Introduction to Adlerian Theory (Individual Psychology); (3) Understanding Children; (4) Consulting with Parents and Teachers; (5) Building an Egalitarian Relationship with the Child; (6) Encouraging; (7) Setting Limits; (8) Exploring the Child's Lifestyle; (9) Developing Lifestyle Conceptualizations and Treatment Plans; (10) Helping the Child Gain Insight; (11) Reorienting/Reeducating. Ten appendices present: (1) an annotated bibliography on Adlerian play therapy; (2) research on the efficacy of play therapy; (3) selected references on play therapy; (4) children's life-style questions for parents; (5) resources for teaching parents and teachers; (6) children's lifestyle questions for teachers; (7) lifestyle questions for children; (8) kinetic drawing strategies; (9) lifestyle conceptualization; and (10) an Adlerian play therapy treatment plan. (Contains 175 references and an index.) (GCP)

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Partners in Play:
An Adlerian Approach to Play Therapy
2nd Edition

By
Terry Kottman

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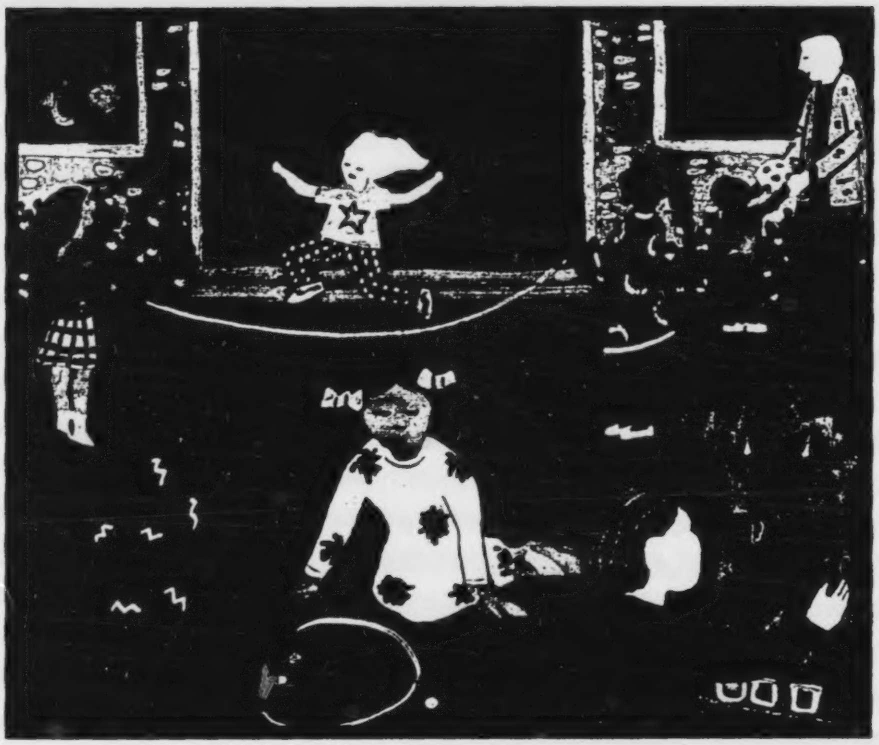

AN ADLERIAN APPROACH TO PLAY THERAPY

Second Edition

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TERRY KOTTMAN

PARTNERS in PLAY

An Adlerian Approach to Play Therapy

Second Edition

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PARTNERS in PLAY

An Adlerian Approach to Play Therapy, Second Edition

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DEDICATION

To Jacob and Rick, my permanent partners in play

To the memory of Byron Medler, who gave me permission to be myself

To the Thunderbeings, who have helped me figure out who that is

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Bobbie Wilborn—for teaching me much of what I know about Individual Psychology

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ABOUT THE AUTHOR

TERRY KOTTMAN, PhD, NCC, RPT-S, LMHC, recently founded The Encouragement Zone, a center where she provides play therapy training, counseling, coaching, and "playshops" for women. Terry is a Registered Play Therapist–Supervisor and maintains a small private practice, providing counseling, coaching, and supervision. A current schedule of activities at The Encouragement Zone can be found at www.encouragementzone.com. Terry regularly presents workshops on play therapy, activity-based counseling, counseling children, and school counseling. Prior to founding The Encouragement Zone, she spent 8 years as a professor of counselor education at the University of Northern Iowa in Cedar Falls, Iowa, and 5 years as a professor of counselor education and director of the Child and Family Resource Clinic at the University of North Texas in Denton, Texas.

Terry's doctorate in Counselor Education is from the University of North Texas, where she specialized in working with children and families. During her internship there, Terry developed Adlerian play therapy, an approach to counseling children that combines the ideas and techniques of Individual Psychology and play therapy. Before returning to graduate school to pursue her doctorate, Terry worked as a special education teacher—teaching learning disabled children and children who had been diagnosed as emotionally disturbed/behavior disordered. She has two master's degrees—one from the University of Texas at Dallas in Special Education and one from Colorado College in Elementary Teaching—and an undergraduate degree in English and American Studies from Grinnell College.

Terry is the author of *Partners in Play: An Adlerian Approach to Play Therapy* and *Play Therapy: Basics and Beyond*; she is the coauthor (with Dr. Jim Muro) of *Guidance and Counseling in the Elementary and Middle Schools*; a coauthor (with Drs. Jeff Ashby and Don DeGraaf) of *Adventures in Guidance: How to Integrate Fun Into Your Guidance Program*; and the coeditor (with Dr. Charles Schaefer) of *Play Therapy in Action: A Casebook for Practitioners*. She has written many journal articles and book chapters on play therapy, school counseling, counseling with children and families, and perfectionism. She is a member of the Association for Play Therapy, the American Counseling Association, and the North American Society for Adlerian Psychology.

Terry is also Jacob's mother and Rick's wife—the most important and fun "projects" in her life.

PREFACE

I HAVE SPENT the last two decades "making up" Adlerian play therapy—a method for integrating Adlerian concepts and techniques into the practice of play therapy. Helping professionals (mental health counselors, school counselors, social workers, psychologists, psychiatrists, day-care workers, teachers, principals, and any other professionals who interact with children in therapeutic ways*) can use Adlerian play therapy in their work with children who are experiencing emotional, behavioral, or academic problems. It is a process in which the counselor (a) builds an egalitarian relationship with the child; (b) explores the child's lifestyle; (c) develops hypotheses about the intrapersonal and interpersonal dynamics of the child's difficulties (from the perspective of the child and from the perspectives of other people in the child's life); (d) designs a treatment plan for the child and for any other individuals who strongly influence the child (e.g., parents and teachers); (e) helps the child gain insight and make new decisions about self, the world, and others; (f) teaches the child new skills for relating to others; (g) helps the child practice new skills for interacting with others; and (h) consults with parents and teachers, working with them to develop more positive perspectives on the child and to learn encouraging strategies for interacting with the child.

There continues to be increased concern about the mental health of young children. Many helping professionals are recognizing a need for increased ability to communicate with children using children's native language—the language of play and metaphor. Consequently, the field of play therapy is expanding rapidly. The Association for Play Therapy has grown from a tiny group of friends who got together to talk about working with children to an organization with approximately 6,000 members. The association has established criteria for registration of play therapists and play therapy supervisors. Many professionals who work therapeutically with children all over the world have expressed a desire to acquire the requisite training and supervised experience to become qualified play therapists.

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* Because there are many different professionals who wish to pursue training as play therapists, I simply use the term *counselor* or *play therapist* interchangeably throughout the remainder of the book.

This increased interest in the field of play therapy was one of the primary reasons why I wrote the original version of *Partners in Play: An Adlerian Approach to Play Therapy* (1995). I believed then that practicing counselors and counselors-in-training need practical application-oriented guides for using play to communicate with and help children grow in positive directions. I still believe this. In the ensuing years, I have continued to learn more about children and families (from my son Jacob, from other children, from parents, from teachers, from other counselors, from my students, from workshop participants, and from books describing new, and sometimes old, ways of thinking about and interacting with children and their families). On the basis of these ideas and experiences, Adlerian play therapy has continued to evolve. Since I wrote the first edition of this book, I have added many strategies for conceptualizing children, I have piloted new techniques for working directly with children and with parents, and I have developed a systematic method for designing a treatment plan for both children and parents (and for working with teachers and other school personnel when appropriate). This evolution prompted me to write this new edition of *Partners in Play*.

DEVELOPMENT OF ADLERIAN PLAY THERAPY

Now...before we get into the meat (and potatoes for those vegetarians out there), I wanted to include a small story about the genesis of Adlerian play therapy. When I was taking my doctoral practicum class, clients were sparse. One day, the professor asked, "Who in this class has taken a course in play therapy?" We all stared dejectedly at him. None of us had taken a course in play therapy. Next he asked, "Who has taken a course in counseling children?" Still no reply. Finally, looking a little desperate, he asked, "Who has experience working with kids? Aren't any of you teachers?" I raised my hand, rather timidly, having realized that I really did not have the kind of background he wanted me to have. I said, "I used to teach elementary school. Now I counsel in a high school. I have some background in working with young children, but not counseling them."

He replied, "It will have to do. We need this client. We just don't have enough to go around this semester. I'll have a doctoral student who has a lot of experience and training in play therapy supervise you by watching every session. It will be like on-the-job training. You'll do fine." With that comment, I started on a learning process that I hope will never end. I began to learn about using toys and play to communicate with children.

This particular client, Claire, was a child who lived in a foster family. Her birth parents had decided the previous year that they no longer wanted the responsibility of caring for a child. They had dropped their 7-year-old daughter off at the local shopping center and left town. Child Protective Services had placed the little girl with a foster family. Claire was dealing with her abandonment and her grief and hurt by being aggressive toward the other children in the family. During the years she had lived with her birth parents, Claire had not experienced a great deal of structure and supervision. She had pretty much gotten to do whatever she wanted to do. Now that she was living in the foster home, she was having difficulty adjusting to having structure and rules. She was verbally abusive to her foster parents and blatantly violated all of the family rules.

Although Claire's foster parents wanted her to participate in some form of counseling, they did not have the time or the resources to get her to the clinic. Part of my responsibility in having Claire as a client was to pick her up at her day-care center and drop her off after we were finished.

Quite truthfully, when I read the intake form on Claire and her life, I was terrified. This reaction was not necessarily rational. I had taught emotionally disturbed children with problems much worse than those described on the intake form. However, teaching them and being their counselor seemed worlds apart, and I was afraid that I would not be able to help Claire. Even worse than that, I was afraid that my lack of training, my not knowing how to do play therapy, might even hurt her.

I spent that entire week trying to become an instant expert on play therapy. I stayed up late every night and spent the entire weekend reading books on play therapy. I borrowed class notes from students who had taken play therapy courses from Dr. Garry Landreth (the director for the Center for Play Therapy at The University of North Texas) and memorized them. I spent several hours on the telephone talking to the doctoral student who was going to supervise me. I observed experienced students at the counseling center doing play therapy with children. Almost all of the information I gathered was about nondirective play therapy, an approach in which the counselor focuses on reflecting what the child is saying, doing, and feeling in the belief that "when a child's feelings are expressed, identified, and accepted, the child can accept them and then is free to deal with these feelings" (Landreth, 1991, p. 32). This was 1984, and there was little written in the field, and almost all of it was focused on nondirective strategies.

By the time I drove over to the day-care center to get Claire, I was a walking (driving) encyclopedia on nondirective play therapy. However, I was a little concerned about two things: my personality and my theoretical orientation. From what I had seen in my observations and from what I had read about nondirective therapy, I was not sure that my personality and the way I usually interacted with people—especially children—was consistent with this approach. I tend to be rather bouncy and loud. My interpersonal style and my counseling style tend to be directive and active rather than nondirective. I was also having cognitive dissonance about the fact that I had already decided that Adlerian theory fit the way I conceptualized people and the way I believe therapy helps people to make changes in their lives. I was not sure how I was going to reconcile those beliefs with the nondirective perspectives on people and change.

I had anticipated that Claire might be hostile and unwilling to go with me. Contrary to my prediction, she was jumping up and down with anticipation. She was feeling very special about coming to the university. Claire and I had a nice chat in the car on the way to the center, getting to know one another and being a little silly. She told me some about her "real" family and her foster family—who she liked best in each and what she liked to do with them. I think I was more nervous than Claire. We were both going on an adventure, but she was more confident than I was that the adventure would be a positive one.

When we got to the clinic, I took her on a little tour so that she could get used to the facility. We continued to talk and laugh together. Then I took her into the playroom, and I said, "This is our playroom, and you can do many of the things you want to in here." I sat in the chair and watched her explore the playroom. I tracked her behavior and restated the content of the statements she made to me. Whenever I noticed her expressing a feeling, whether it was verbally or nonverbally, I reflected that feeling to her. When Claire asked me to play with her, I told her that I could tell she wanted me to play with her, but this was her time to play by herself. When our time was up, we walked down the hall and back to my car, laughing and talking. We repeated this routine four or five times.

The feedback from my supervisor and my professor was positive, but I was rather uneasy. I felt uncomfortable and stilted in the playroom, as though I was trying to play a part. I felt that our rapport was better outside the playroom than it was in the playroom. In the playroom, I felt tense—trying to always say the right thing, the right way—and bored. I was watching her, trying to follow her lead and understand the thoughts and feelings she expressed, but it seemed as though she never allowed herself to show very many of her thoughts and feelings in the playroom.

I was also not always comfortable with letting Claire lead the way. She avoided revealing any thoughts or feelings about her family, her abandonment, or her present situation in both her play and her conversation. She seemed to want to pretend that none of the sad or scary things in her life had ever happened. She liked to pretend that she was a fairy princess who could control all those around her with her magic wand. Even though her foster parents reported that her behavior was still out of control at home, she acted in the playroom as though everything in her very chaotic life was perfectly under control. Although I realized that the play therapy process was gradual, I had a certain sense of urgency. If Claire's behavior did not improve, this foster family was also going to abandon her, and then she would face another rejection and upheaval in her life. I was not sure how to get to all of these problems simply following Claire's lead.

One day, on a drive back to the day-care center, all of my doubts crystallized when Claire said, "Terry, why do you act like a funny, neat person on the way to the playroom and on the way back to day care, but you act kind of sad in the playroom? You don't smile very much, or laugh, or ask any questions. All you do is sit there and tell me what I am doing and saying. It's like you're not a real person in the playroom." I realized at that moment exactly what the problem was. I was not a real person in the playroom. I was what I thought a nondirective play therapist was, and that was not the real me. I was leaving my personality and my beliefs about people, my most valuable tools for helping people, outside the door of the playroom. I decided then and there to figure out a way to use both my personality and my beliefs about people in the playroom.

Because I already knew my personality and the way I viewed people fit with Adlerian theory when I was working with adults, I started researching Adlerian views about children. The majority of Adlerians work with children in the context of the family or schools, in the form of family therapy, parenting information for parents, or classroom management programs for teachers (Christensen, 1993; Dinkmeyer, Dinkmeyer, & Sperry, 1987; Dreikurs, Grunwald, & Pepper, 1982; Lew & Bettner, 1996, 2000). There were books, chapters, and articles on working directly with children, but none of the authors discussed in detail how to use play therapy from an Adlerian perspective (Adler, 1930/1963; Bordon, 1982; Dinkmeyer & Dinkmeyer, 1977, 1983; Lord, 1982; Nystul, 1980; Yura & Galassi, 1974).

I began to try out ways of bringing my personality and my beliefs about the nature of people into the playroom with Claire and with my subsequent play therapy clients. I took courses and workshops from professionals who were experienced in different approaches to play therapy. I also received extensive supervision in my counseling with children and their parents. Adlerian play therapy evolved from this process. (See Appendix A for an annotated list of articles and book chapters on Adlerian play therapy.) Over the years, I have continued to experiment with ways of integrating the practice of play therapy and the concepts and strategies of Individual Psychology. Adlerian play therapy is not a finished approach; it is still evolving. I hope that reading this book helps you to be more real with your clients and that you take the ideas that make sense to you and use them to better understand and help the children with whom you work. It is essential to get training and supervision from experienced professionals, whether you are developing skills in a new area of counseling or perfecting the skills that you have already. Consultation with other therapists can help us continue to grow, both personally and professionally.

OVERVIEW OF THE CHAPTERS

The primary focus of chapter 1, Overview of Play Therapy, is an explication of the various elements of play therapy, such as the rationale for using play and toys as a part of the therapeutic process, toy selection, arrangement of the playroom, and types of clients appropriate for play therapy.

Chapter 2, Introduction to Adlerian Theory (Individual Psychology), contains a discussion of various concepts essential to the understanding of Individual Psychology, including social embeddedness and social interest, lifestyle, purposiveness of behavior, Crucial Cs (connect, capable, count, and courage), personality priorities, feelings of inferiority, mistaken beliefs, private logic, and creativity and self-determinism. In chapter 2, I briefly introduce the four stages of Adlerian therapy and the way these phases are operationalized in Adlerian play therapy, the goals of Adlerian play therapy, and the role of the counselor in Adlerian play therapy.

Chapter 3, Understanding Children, is a guide to the various Adlerian concepts used in this approach to play therapy to help the counselor gain an understanding of children and their dynamics. The emphasis is on the Crucial Cs, goals of misbehavior, and personality priorities. I use case study vignettes to illustrate concretely how the counselor can apply these concepts with children in play therapy.

In chapter 4, Consulting With Parents and Teachers, I start with an explanation of the importance of including parents and teachers as active participants in the Adlerian play therapy process and a discussion of techniques for involving parents and teachers and keeping them involved. I explain methods for (a) building a relationship with parents and teachers; (b) exploring the lifestyle of parents and teachers and gathering information about their perceptions of the child's lifestyle; (c) helping parents and teachers gain insight into their lifestyles and into the child's lifestyle; and (d) reorienting and reeducating parents and teachers by teaching encouragement skills, behavior management skills, and communication skills. Personality priorities and Crucial Cs are key elements in this process, so this chapter includes descriptions and examples designed to illustrate how these concepts can be applied to consultation with parents and teachers.

Adlerian therapy depends on an egalitarian relationship between the therapist and the client. Chapter 5, Building an Egalitarian Relationship With the Child, presents ideas on how to build a democratic relationship with the child in play therapy. It contains a discussion about how the play therapist can use (a) tracking, restatement of content, and reflection of feelings to help the child feel comfortable in the playroom; (b) metacommunication and returning responsibility to the child to convey understanding and respect to the child; (c) questioning strategies to communicate interest in the child's life; (d) active interaction with the child, including role-playing techniques and other relational tools to make a strong connection with the child; and (e) cleaning the room together to strengthen the relationship between the Adlerian play therapist and the child. In the last section of this chapter, I include a case example to illustrate how to use these skills to build a relationship with the child.

Encouragement is an essential element in Adlerian play therapy. In chapter 6, Encouraging, the play therapist will learn how to use encouragement to build the relationship with the child, help the child gain self-confidence and a sense of self-efficacy, and help cement changes the child has made in his or her behavior and attitudes. This chapter provides an explanation of how the play therapist can tailor encouragement strategies on the basis of the Crucial Cs and personality priority of the client. The final section of the chapter is a discussion of resources for teaching parents and teachers to use encouragement skills.

Chapter 7, Setting Limits, provides Adlerian techniques for setting limits, an explanation of appropriate limits, and methods for helping the child learn to generate alternative, appropriate behaviors. This chapter closes with case examples designed to illustrate how to integrate the steps in the limit-setting process and a discussion of how to tailor strategies for limiting on the basis of the child's Crucial Cs, goals of misbehavior, and personality priorities.

Adlerians view lifestyle as the individual's characteristic way of understanding situations and interacting with others. As the play therapist explores the child's lifestyle, he or she begins to understand how the child views self, the world, and others. Chapter 8, Exploring the Child's Lifestyle, contains various strategies the play therapist can use to investigate the child's lifestyle, including exploring the atmosphere and birth order in the child's family and early recollections. The case example begun in chapter 5 is continued, illustrating a practical application of this phase of Adlerian play therapy.

In chapter 9, Developing Lifestyle Conceptualizations and Treatment Plans, the play therapist will learn to take the information gathered in the exploration of the child's lifestyle and the exploration of the parents' lifestyles (and sometimes the teacher's lifestyle) and integrate all of these data into a formal conceptualization of the child (and parents and teacher when appropriate). This chapter also contains an explanation of how the play therapist can use this conceptualization and a systematic understanding of the intrapersonal and interpersonal dynamics of the child to develop a treatment plan for the child (and for the parents and the teacher when necessary). Conceptualizations and treatment plans for the child and her parents from the case study begun in chapter 5 and continued in chapter 8 help to make these processes more concrete.

Adler believed that clients will not change their behaviors until they gain insight into their lifestyles. The third stage of Adlerian play therapy uses various strategies to help children gain insight into their lifestyles and behavior. Chapter 10, Helping the Child Gain Insight, details ways to use metacommunication and tentative hypotheses, mutual storytelling and other metaphoric techniques, drawing and art, immediacy, confrontation, and humor to help children begin to understand how they view self, the world, and others and how these perceptions affect their behavior. To help children generalize their learning, the Adlerian play therapist points out connections between what happens in the play session and what happens in other places. A continuation of the case example from chapters 5, 8, and 9 illustrates a practical application of this phase of Adlerian play therapy.

The purpose of the last stage of Adlerian therapy, described in chapter 11, Reorienting/Reeducating, is to help the client learn new ways of viewing self, the world, and others; new ways of behaving in various situations; and new ways of interacting with other people. In this stage, the Adlerian play therapist uses brainstorming and problem-solving strategies to help the child generate alternative perspectives and behaviors. The play therapist might also actively teach skills that the child does not possess, such as social skills, negotiation skills, and ways of sharing power. The playroom becomes a laboratory in which the child can practice these new perceptions and skills in a safe, nonthreatening environment. This chapter also contains information about introducing a second child into the play therapy process and terminating the play therapy. A continuation of the case example from the earlier chapters illustrates this phase of Adlerian play therapy.

Chapter 1

OVERVIEW OF PLAY THERAPY

PLAY THERAPY IS an approach to communicating therapeutically with clients using toys, art materials, games, and other play media, giving clients a safe and nurturing relationship in which they can explore and express feelings, gain insight into their own motivation and into their interaction with others, and learn and practice socially appropriate behaviors (Kottman, 2001; Landreth, 1991; Thompson & Rudolph, 2000). The counseling in play therapy uses the natural language of children—play—as the basis for the therapeutic interaction. In the play, much of what the child does and says takes the form of symbolic, metaphoric communication about the relationships and situations in the child's world.

According to the Association for Play Therapy (1997), play therapy is "the systematic use of a theoretical model to establish the interpersonal process in which trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (p. 4). Schaefer (1993) listed the therapeutic powers of play as overcoming resistance, communication, competence, creative thinking, catharsis, abreaction, role play, fantasy/visualization, metaphoric teaching, attachment formation, relationship enhancement, positive emotion, mastering developmental fears, and game play.

Play therapy is usually used with children from ages 3 to 10. However, depending on the development of the child and the child's ability and inclination to talk about what is happening in his or her life, it can be used with older children as well. There are therapists who also use play therapy with adolescents and adults (Bratton & Ferebee, 1999; Frey, 1993, 1994; Glover, 1999; Haynes, 2001; Klein & Landreth, 2001; Koller, 1994; Kottman, 2001; Lindaman & Haldeman, 1994; Peyton, 1986; Smith & Smith, 1999; Straus, 1999).

RATIONALE FOR PLAY THERAPY

Play therapy is a particularly appropriate approach to counseling children because play comes naturally to children. "Through the manipulation of toys, the child can show more adequately than through words how he [or she] feels about himself [or herself] and the significant persons and events in his [or her] life" (Ginott, 1961, p. 51). This is because most children under the age of 10 have not yet developed the abstract reasoning skills and verbal abilities to sit in the counselor's office and be articulate about their thoughts, feelings, and behaviors. Young children seldom have the ability or the comfort level to talk articulately about what is bothering them, but they are almost always comfortable using toys and play to express themselves through metaphors (Kottman, 2001).

Most young children have better developed receptive language skills than expressive language skills, and they can frequently comprehend concepts even when they do not know how to verbalize them. This discrepancy means that the counselor can frequently use words to successfully communicate ideas to children, even when they would not have the abstract verbal reasoning skills or the vocabulary to be able to articulate these ideas themselves. Because of this, the counselor can frequently combine play and verbalizations to communicate with children.

Everything the child does or says in the session communicates information about how the child views himself or herself, the world, and others (Kottman, 2001). The child's play and the child's verbalizations in play are metaphors representing the child's lifestyle and life situation. In Adlerian play therapy, the counselor's job is to observe the child in the playroom, understand how the child's lifestyle and life situation are represented through the play, and begin to articulate that understanding to the child. The Adlerian play therapist uses a combination of interactive playing, verbal interpretation, and storytelling to communicate with the child.

TOYS APPROPRIATE FOR ADLERIAN PLAY THERAPY

Because toys are the medium of communication for the child in play therapy, their selection must be a carefully considered process. In evaluating which play materials to include as therapeutic components of a playroom, the counselor should consider whether they (a) facilitate a broad range of creative and emotional expression; (b) allow for both verbal and nonverbal exploration and expression in the playroom; (c) are considered interesting and fun by children; (d) can be used in a projective or metaphoric play; (e) can be used by children across a range of developmental levels; (f) provide experiences for children in which they can feel successful; (g) allow for both individual play and interactive play; (h) would be appropriate across different cultures; and (i) are well made, durable, safe, and sanitary (Cerio, 2000; Kottman, 2001; Landreth, 1991; Norton & Norton, 1997).

In the course of the play therapy, the child will use the toys and play media to (a) establish a positive relationship with the counselor, (b) express many different feelings, (c) explore and reenact real-life situations and relationships, (d) test limits, (e) strengthen self-concept, (f) improve self-understanding, and (g) enhance self-control (Landreth, 1991). In Adlerian play therapy, it is essential to have toys that the child can use to (a) explore family constellation and family atmosphere; (b) examine mistaken beliefs, perceived threats, and past traumas; (c) explore control and trust issues; (d) explore and express feelings related to family dynamics and relationships with other; (e) explore and express their unique ways of gaining significance and relating to others; (f) explore and express their creativity and imaginations; and (g) practice new attitudes and behaviors.

To provide toys that allow for all of these aspects of the child's experiences, Adlerian play therapists equip their "tool boxes" with five general categories of toys: family/nurturing toys, scary toys, aggressive toys, expressive toys, and pretend/fantasy toys. It is not necessary to have all of the toys in each of the following lists, but it is essential to have representative toys from all five different categories of play media. The more choices children have for expressing themselves, the more likely it is that they will communicate clearly.

Family/Nurturing Toys

Children use these toys to build a relationship with the therapist, explore their understanding of and feelings about family relationships, and recreate events that occur outside the playroom. Many times, Crucial Cs (connection, capability, counting, and courage; see chapter 3 for a more in-depth discussion), family constellation/birth order issues, and goals of misbehavior are expressed using family/nurturing toys. Children frequently use these toys to act out their family atmospheres or to give or ask for nurturing. This category includes the following toys:

- dollhouse
- baby dolls
- a cradle
- animal families
- people puppets
- baby clothes

- baby bottles
- stuffed toys
- child-sized rocking chair
- warm, soft blanket
- pots, pans, dishes, and silverware
- toy cleaning supplies, like a broom and dustpan
- several different families of bendable dolls
- sand in a sandbox, along with various family figures that can be used in the sand
- "humanlike" figures (like clowns) that could be used for a family but are not obviously a family
- empty food containers, like cereal boxes and cans
- wooden or plastic kitchen appliances (if space is available)

Regardless of the racial composition of your client load, it is essential to provide children with dolls from different ethnic groups. This encourages children to explore differences and similarities among various groups of people and to explore their own identities.

If possible, it is also important to have several families of each different ethnic group. This allows children who live in stepfamilies or extended families to have enough dolls to recreate their own family structures in the playroom. It also allows children being raised by gay or lesbian couples to have two mothers or two fathers. The clothing of the dolls in the families should be removable (Velcro and elastic construction are appropriate) because many children (especially those who have experienced sexual abuse) will want to disrobe and rerobe the family members.

Sometimes a doll family looks too much like a real family, which can be extremely threatening to some children. These children may be more willing to act out family dynamics with the kitchenware or with a family that does not look like their family. To facilitate this process, I like to have several different species of plastic animal families—with clearly recognizable parents and children. This gives children a way to explore what is happening in their families without dealing with the issues inherent in the family directly.

With some children, exploring family situations is so scary, they cannot even use the kitchenware or animal families. I always have several small figures (like clowns or gnomes) that kind of look like people but are not clearly identifiable as a family. This provides children who are extremely protective of their family and children who are anxious about revealing family dynamics an even more indirect vehicle for dealing with family and nurturing issues without having to acknowledge that the subject of their play is a family.

Scary Toys

Children use scary toys to deal with their fears, both reality based and fantasy based. They can act out being frightened, protect themselves, or ask the counselor to protect them. The following are examples of toys that fit into the scary category:

1. plastic snakes
2. toy rats
3. plastic monsters
4. dinosaurs
5. insects
6. dragons
7. sharks
8. alligator
9. a variety of puppets representing fierce, dangerous, or scary animals (e.g., wolf, bear, alligator)

Children tend to have specific reactions to the scary toys. For some children, the insects are very frightening, whereas for other children, the insects are fascinating or funny. This makes it important to have a wide variety of scary toys in an effort to have something that is anxiety provoking across the spectrum of children. I also like to have several of each type of scary toy. This way, children can make scary families, combat multiple foes, and have "good" scary toys and "bad" scary toys of the same species.

Although it is not essential to have all of these different scary toys, I think the play therapist should be sure to include several snakes and an alligator or shark with a hollow body and sharp teeth in the collection. Many sexually abused children use the snakes in their play, sometimes directly acting sexual abuse out with the phallic shape of the snake and other times using the snake to act out a sense of menace or threat. Having snakes in the playroom allows children to act out these themes without talking about them directly. It also allows them to do "mean" things to the snakes as a way of dramatizing the punishment of an abuser and practicing their ability to keep themselves safe.

It is also helpful to include several plastic toys that have open mouths with sharp teeth leading into hollow bodies in the play therapy toy inventory. Abused children (whether they were subjected to sexual, physical, or psychological abuse) also tend to play with these toys. They like to put other toys or their fingers into the open mouths and pretend to bite them off with the teeth as a way to act out self-protection themes. It is important to note that many other children also like to play with these toys, so it is not diagnostic of abuse if a child plays with them.

If a child has a specific fear or has experienced a particular situation that provokes anxiety, it is frequently helpful to obtain a toy that could more exactly represent the feared object. For example, if DeShawn witnessed a train hitting and killing his little sister, it would be essential to have a train in the playroom so that he could process his feelings about this incident. If LeeAnn is having recurrent nightmares about ghosts chasing her, it might be helpful to have ghost puppets in the playroom.

Aggressive Toys

Children use aggressive toys to express feelings of anger and fear, to learn to act out their aggression symbolically, and to explore issues of power and control. They can also use aggressive toys to protect themselves symbolically from dangers, such as those represented by the scary toys. Toys from this category are also very important for children in building a sense of competence. As children experience feeling that they can keep themselves safe (through symbolic play with the weapons in the play therapy session), they may begin to enhance a sense of self-efficacy. These toys can also provide a valuable means for children to test limits in a safe environment and to develop self-control. The following is a list of some of the toys in this category:

- a stand-up punching bag/bop bag
- weapons (such as dart guns, play pistols, holsters, swords, and rubber knives)
- toy soldiers and military vehicles
- small pillows for pillow fights
- foam rubber bats
- plastic shield
- handcuffs

I make sure that the weapons in my playroom do not look like realistic weapons—they are usually brightly colored or ray gun type guns. I do this to convey that there is a distinction between real weapons that are dangerous and should not be used for aggression toward another person and pretend weapons that we can use to act out aggression symbolically.

Handcuffs are excellent toys for playing out themes of power and control. They are also useful for exploring trust issues. However, the play therapist must be sure to obtain handcuffs that have a catch release built in because children quite frequently appropriate the keys to handcuffs, and they vanish.

Some counselors prefer not to include aggressive toys or weapons in their offices. This is usually due to their desire to avoid conveying to the child that violence of any kind (whether it is symbolic or actual) is acceptable or their need to comply with the rules of conduct in the setting where they work (e.g., school counselors). You must follow the dictates of your own thinking about this issue. It is certainly possible to do Adlerian play therapy without aggressive toys. Children will find other means to play out the themes of protection and aggression without having the actual toys to represent these factors. For example, if Cassandra wants to act out shooting a monster who is chasing her in a session, she will use her hand or a magic wand or a puppet or anything else that she picks up to make an imaginary gun.

It is also important to examine your own issues with power and control, trust, and fears before stocking the playroom with scary or aggressive toys that you might find personally threatening. Children can sense when certain toys bring up issues for the counselor, and they may use this awareness to try to intimidate or control the course of therapy. You can decide on rules of play for the aggressive toys in advance of the session with the child. For instance, my rule is that children can handcuff themselves any way they want, but they can only handcuff me with my hands in front of my body. Because I feel afraid when I do not have control of my hands, I am not comfortable with my hands immobilized behind my body. I use self-disclosure about this feeling when I explain the handcuffing rules with children who want to handcuff me.

Expressive Toys

Expressive toys and other art materials are excellent vehicles for getting a picture of how children see themselves, others, and their world. Children use expressive toys to explore relationships, portray self-image, express feelings and cognitions, understand problems, work out solutions, and foster creativity. Expressive toys can also provide an avenue for developing skill mastery, which can enhance self-confidence, self-esteem, and self-control. Most expressive toys are artistic or creative in nature. The following is a sample list of some of the materials in this category:

- an easel and tempera paints
- watercolor paints
- finger paints
- crayons
- markers
- colored pencils

- glue
- newsprint
- play dough or clay
- pencils
- scissors
- scotch tape
- egg cartons
- pipe cleaners
- stickers
- sequins
- beads
- needles and thread
- socks for puppets
- brown lunch bags
- yarn
- poster board
- construction paper
- butcher paper
- magazines for potential pictures and words for collages

It is important to have a place for children to create with the expressive toys. For many projects, this simply means a large clear space on the floor of the play area. If you are lucky enough to have an actual playroom, a child-size table or desk is the perfect work surface for some projects. Depending on the age of the children, their overall messiness, and the requirements for neatness in the play setting, you may also want to have a paint smock to protect children's clothing and a large piece of plastic (like a picnic table cloth) to protect the surfaces in the playroom.

This, too, is an area that you need to consider before you go out and acquire a lot of potentially messy art materials. If you are going to be anxious about paint spilling on the floor or glue getting in the carpet, this will be an area of vulnerability that some children will use to control the course of the sessions. You need to be very comfortable with the art materials with which you supply your playroom (and with the consequences should the art materials be misused or an art project go amok).

Pretend/Fantasy Toys

Children use pretend/fantasy toys to explore different roles, express feelings, experiment with alternative behaviors and different solutions to problems, pretend to be someone else, and act out situations that they observe in real life. They may also use these toys to explore relationships and ideas metaphorically and to communicate about their attitudes, thoughts, and experiences. Pretend/fantasy toys can include materials from the following list:

- masks
- a doctor kit
- magic wands
- blocks and other building materials
- pieces of different colors of fabric
- human figure puppets
- animal puppets
- broom, iron, ironing board
- telephones (2)
- zoo and farm animals
- a puppet theater
- knights and a castle of some kind
- big pillows
- figures of alien/outer space creatures
- hats, jewelry, purses, costumes, and other dress-up clothes
- cars, trucks, airplanes, and other transportation toys
- fantasy creature puppets (e.g., witch, wizard, unicorn, ghost, princess, alien)

In choosing pretend/fantasy toys, you should try to avoid toys that have a preconceived identity. By eschewing toys associated with television shows, movies, and the like, you can encourage children to use the toys as projective objects, imposing their own ideas and identities on the toys.

If you have costumes and hats, you will need to consider the possibility of lice and other nasties. Some counselors choose to avoid having these play items because of this pitfall, and others make allowances by using hats and costumes that can be frequently cleaned or disinfected.

TOY ARRANGEMENT

It is important to have the toys openly displayed so that children can have ready access to them (Kottman, 2001; Landreth, 1991). They should be within easy reach and placed in a predictable place. By keeping toys in the same basic position, the play therapist can establish that the play area is a place where the child can feel safe and expect consistency and routine. It is easier for children to remember where the toys belong if the toys are arranged by category. If the counselor has a permanent playroom, it is helpful to have shelves for the toys. Many counselors who use play therapy as a modality for working with children have to make do with shared quarters or temporary spaces. This should not have an adverse effect on the counselor's ability to conduct play therapy sessions. For those who have to cart their toys with them, just putting them on the floor or a table in a predictable order will work just fine.

SETTING FOR PLAY THERAPY

The perfect setting for play therapy is a custom-designed playroom. However, it is the rare and lucky counselor who has an opportunity to work in such a setting. No matter where the play therapist works, the play space should reflect the personality of the counselor and his or her philosophy about children and play therapy. It should also reflect the particular clientele that he or she serves. Some counselors have very few toys and limited visual stimulation in their play space because they work with children who are easily distracted. Other counselors have many costumes and a stage in their play space because they, personally, are dramatic and like to use drama and enactments with their clients. Other counselors who have a need for order and structure, or who have limited space, have everything built in—shelves, kitchen appliances, sandbox.

In Adlerian play therapy, the most important factor in playroom design is the attitude of the counselor. If the counselor feels happy, safe, and comfortable in the playroom, children will feel happy, safe, comfortable, and welcome. It is essential for the Adlerian counselor to remember to use flexibility and imagination to create a space in which the counselor can feel comfortable and clients can feel safe.

The "Ideal" Playroom

Landreth (1991) provided a thorough description of the practical considerations in designing that rare accommodation, the "ideal" playroom. He suggested that the ideal playroom would be approximately 12 feet by 15 feet (3.65 by 4.5 meters), with an area of between 150 and 200 square feet (approximately 45 by 61 square meters). This gives the child room to move about, at the same time keeping her or him relatively close to the play therapist. A room this size could comfortably accommodate several children at one time if the play therapist wanted to work with a small group.

It is important to be able to provide the child with privacy in the playroom. In a play space where there are windows or a one-way mirror, it is helpful to have curtains or blinds so that the play therapist and/or the child can decide that they need some privacy if something sensitive is happening in the play therapy process.

It is also helpful to have washable wall coverings and floors so that children can make messes without fear of negative consequences. Probably the best arrangement is to cover the floors with vinyl tile, which is an easy surface to clean or replace if necessary and to paint the walls with a neutral color of washable enamel. However, when this is not possible (for instance, if the space is carpeted), you must consider how you will react if paint or glue or some other messy material is spilled on the floor. If this will be a major problem for you, it would be wise to make accommodations (e.g., avoid using finger paints or put plastic on a section of the carpet that is designated as the art area) or set strict limits about these materials.

There should be as many shelves as necessary for accommodating the toys and materials so that they are not chaotic or crowded. So that short children can reach the top shelf, it is helpful if the shelves are no taller than 38 inches (96.5 cm). As a safety precaution, it is advisable that shelves for the toys be secured to the wall. This will prevent accidental occurrences like the shelves being knocked over and purposeful occurrences like an angry child pulling them down (Kottman, 2001; Landreth, 1991).

The ideal playroom contains a sink with cold running water, but without potentially dangerous hot water. If possible, having some countertop space (either connected with the sink or separate) is helpful for providing a place for artwork or "schoolwork." A cabinet for storing materials such as paint and clay, extra paper, and so forth is extremely helpful. A chalkboard or marker board attached to a wall or put on an easel provides a safe means for self-expression. A small bathroom opening into the playroom can eliminate power struggles about trips down the hall to the bathroom, but if this is not possible, then a bathroom close to the playroom will work almost as well (Kottman, 2001; Landreth, 1991).

Noise must also be a consideration in the placement and features of a playroom (Kottman, 2001). The playroom should be located as far as possible from other populous areas in the building so that noise will not present a problem—either to other inhabitants of the building or to people passing. It is also helpful if the ceiling of the room can be fitted with acoustical tile to reduce noise.

The furniture in the room should be constructed of wood or molded plastic and designed to accommodate children. If you will be working with parents in the playroom, it is important to have furniture available to accommodate them too. You will need a place to sit. This chair (or pillow) should support your level of comfort without being so relaxing that it would undermine the ability to focus on the child (Kottman, 2001).

Other (Perfectly Lovely) Spaces for Play Therapy

A counselor does not have to have an ideal playroom to be able to use play therapy with children. Many play therapists "have toys—will travel" (Niel & Landreth, 2001). School counselors frequently travel from school to school, bringing a bag of toys with them. Some counselors who work for community agencies go into children's homes to conduct play therapy sessions. Many counselors who work for hospitals or hospices go into hospital rooms and do play therapy on hospital beds. Counselors who do not have the ideal space for play therapy or even a permanent setting for sessions will need to find a space that is relatively quiet and free from distractions. They will have to find a place (a table, a spot on the floor) to set out their toys in a predictable arrangement. They may choose to bring different toys to the session depending on what they want to work on in that particular session. Other than those modifications, the play therapy process in a less-than-ideal space is identical to the play therapy process in an ideal space.

TYPES OF CLIENTS APPROPRIATE FOR PLAY THERAPY

Some therapists use play therapy in their work with adults (Frey, 1993, 1994; Glover, 1999; Haynes, 2001; Kottman, 2001; Lindaman & Haldeman, 1994), but most play therapists work with young children—usually between the ages of 3 and 10 years. It is possible to work with children under the age of 3, especially with children who have experienced trauma (Gil, 1991; Terr, 1983, 1990), but the process is slower and more concrete than it is with older children. The playroom may also appeal to older preadolescent and adolescent children if it contains more sophisticated toys, such as craft supplies, carpentry materials, office equipment and supplies, and older-looking play media, or if the therapist provides a more structured activity-oriented process (Bratton & Ferebee, 1999; Koller, 1994; Kottman, Ashby, & DeGraaf, 2001; Kottman, Strother, & Deniger, 1987; Smith & Smith, 1999; Straus, 1999).

There is now research that supports the use of play therapy across a broad range of presenting problems. LeBlanc and Ritchie (1999) conducted a meta-analysis of play therapy research, which suggested that play therapy was effective intervention, regardless of the presenting problem of the child. According to their analysis, the only two variables that affected the efficacy of play therapy were the involvement of parents in the play therapy process and the number of therapy sessions. Across a number of populations, play therapy was more likely to produce positive results with children whose parents were active participants in the process than with those whose parents did not actively participate. Play therapy was also more effective with children who had participated in 30 to 35 therapy sessions than with those who had attended fewer than 30 sessions or more than 35 sessions.

In another study, Bratton and Ray (2000) examined both case studies and empirical research related to play therapy efficacy. They synthesized the results of over 100 case studies documenting the efficacy of play therapy and found that the participants consistently demonstrated more positive behavior and fewer symptomatic behaviors after play therapy interventions as compared with their behavior before the play therapy interventions. These authors also analyzed the findings of 82 experimental research studies related to play therapy. The results of these studies suggested that play therapy can be an effective treatment modality for children with the following issues: social maladjustment, conduct disorder, problematic school behavior, emotional maladjustment, anxiety/fear, negative self-concept, being "mentally challenged," and having a physical or learning disability.

On the basis of my own less scientific study of the play therapy literature, I tend to think that there are four distinct categories into which I divide children, depending on their specific presenting problems, life situations, or diagnoses. These categories are the following: (a) Play therapy (regardless of the approach) would be the treatment of choice, (b) certain approaches to play therapy have been effective in treating these children, (c) play therapy can be an effective intervention when combined with other interventions, and (d) play therapy would not be the treatment of choice (Anderson & Richards, 1995; Kottman, 2001). In Appendix B, I have listed references that would support the use of play therapy with the populations discussed as being amenable to play therapy intervention.

Play Therapy Is the Treatment of Choice

For children with a diagnosis of adjustment disorder, posttraumatic stress disorder, dissociative disorder, depressive episodes, and specific fears and phobias, play therapy would seem to be the treatment of choice (regardless of the approach). Play therapy can also be an effective intervention for children struggling with aggressive, acting-out behavior; anxiety and withdrawn behavior; abuse and neglect; divorce of parents; family violence; grief issues; issues related to adoption and foster care; hospitalization; severe trauma (such as earthquakes, car wrecks, war, and kidnapping); and chronic or terminal illness. In addition, play therapy can be an effective strategy with children experiencing classroom discipline problems and academic struggles. When these problems are interfering with children's performance in school, the children frequently benefit from a play therapy intervention by a school counselor or a mental health counselor.

Specific Play Therapy Approaches Are Effective

With certain groups of children, there are specific play therapy approaches that seem to be effective. Experts in Theraplay (a directive approach to play therapy designed to help the child experience positive, nurturing interactions with a caring adult) and Thematic Play Therapy (a play therapy approach based on object relations and cognitive theory) have reported that these approaches are particularly effective with children diagnosed as having attachment disorder. For children with selective mutism, therapists using cognitive–behavioral play therapy and client-centered play therapy seem to achieve positive results. Therapists using the filial therapy, Adlerian play therapy, and ecosystemic play therapy models have reported that these approaches are useful in working with children who demonstrate moderate to severe behavior problems.

Play Therapy Combined With Other Interventions Is Helpful

In combination with other treatment modalities (including medication, biofeedback, behavior modification, and parent training), play therapy can be an effective intervention strategy for children who have been diagnosed with attention deficit hyperactivity disorder (ADHD), major depressive disorder, or separation anxiety disorder. A blending of play therapy with other inventions can also be helpful with clients who are enuretic or encopretic and those who have autism, learning disabilities, mental retardation, or physical disabilities.

Other Interventions Would Be the Treatment of Choice

Most play therapists cannot provide the level of intensive intervention necessary for children with severe conduct disorder, children with severe attachment disorder, or children who manifest signs of psychosis (Anderson & Richards, 1995; Landreth, 1991). These children usually need medical, behavioral, family, and systemic interventions that are beyond the scope of services that are usually available in play therapy.

Adlerian Play Therapy

In my experience, Adlerian play therapy works well with a variety of presenting problems. This intervention strategy is especially appropriate with children who have (a) power and control issues (e.g., temper tantrums, power struggles with teachers and parents, bullying behavior), (b) experienced some kind of trauma (e.g., sexual abuse, parental divorce, death of a close friend or family member, natural disaster), (c) poor self-concepts (e.g., giving up easily, making denigrating remarks about self), (d) difficulty getting along with their families (e.g., sibling rivalry, fights with parents), and (e) poor social skills (e.g., trouble making friends, not getting along with classmates)

DIFFERENT APPROACHES TO PLAY THERAPY

There are many different ways to use play in the counseling of children (and adults). Each of the approaches to play therapy has unique methods of conceptualizing people, defining the role of the counselor, and interacting with clients and their parents. Depending on the counselor's beliefs about people, his or her personality, and the client population, the counselor may choose to adhere strictly to one particular theoretical approach to play therapy or to apply different approaches in an eclectic fashion. I believe that play therapists should seek out those approaches that are most congruent with their basic beliefs about people and their personalities. (See Appendix C for a list of selected publications that provide in-depth descriptions of specific theories and publications that provide an overview of several different theories.)

SUMMARY

Play therapy is usually used as an intervention approach for working with young children who lack the abstract verbal abilities to articulate their difficulties clearly enough to receive support and assistance from counselors. This strategy seems to work with children experiencing a broad range of difficulties.

The play therapist must carefully select toys that will help children to express their thoughts and feelings. The arrangement of the toys and the atmosphere in the play therapy setting must provide comfort and consistency so that children will feel safe in acting out problem situations and relationships.

Although each approach to play therapy has its own philosophy and rationale for the play therapy process and the selection of toys, the Adlerian play therapist uses the play therapy process to help children gain a better understanding of how they view themselves, others, and the world and to learn new attitudes to replace self-defeating attitudes. The Adlerian play therapist chooses toys designed to facilitate this exploration and to help children learn new ways of interacting with others. Adlerian play therapy seems to work best with children who have issues surrounding power and control, children with poor self-concepts and social skills, and children who have experienced some kind of trauma.

Chapter 2

INTRODUCTION TO ADLERIAN THEORY (INDIVIDUAL PSYCHOLOGY)

THE PSYCHOLOGICAL THEORY developed by Alfred Adler in the early part of the 20th century, Individual Psychology, is the foundation on which Adlerian play therapy rests. The theory provides an explanation of the nature of people—how their personalities are formed, how they interact with others, how they are motivated, and how they become maladjusted. Adlerian theory also contains a general definition of the goals of therapy and the role of the therapist.

As you explore the ideas in this chapter, you should examine your own beliefs about the nature of people, the goals of therapy, and the role of the therapist. I believe that a counselor should not practice Adlerian play therapy unless his or her basic beliefs about people and the job of the therapist are congruent with the basic tenets of Individual Psychology. These philosophical beliefs do not have to match perfectly at all points; that is unrealistic. However, if you are going to be an Adlerian play therapist, most of your convictions about the nature of people, personality formation, human motivation, and the counseling relationship should resemble those presented in this chapter. If these concepts are not congruent with your views about these concepts, you will probably want to seek out other books on different theoretical approaches to play therapy. (See Appendix C for selected references on several different approaches to play therapy.)

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NATURE OF PEOPLE

> A cornerstone of Adlerian psychology is the belief that people are indivisible, social, creative, decision-making beings whose beliefs and behavior have a purpose. Therefore, the individual is best understood holistically as a total being whose thoughts, feelings, and beliefs are present in a consistent and unified pattern of actions. (Carlson & Slavik, 1997, p. xi)

According to Adler, people are (a) socially embedded, (b) goal directed, (c) subjective, and (d) creative beings who must be viewed from a holistic perspective (Ansbacher & Ansbacher, 1956; Carlson & Slavik, 1997; Watts, 1999).

People Are Socially Embedded

Adlerians believe that all human beings have a need to belong (Ansbacher & Ansbacher, 1956; Carlson & Slavik, 1997; Nystul, 1999a; Watts, 1999). To establish and maintain a sense of belonging, children observe the world to determine a way for themselves to gain significance and fit into different groups. The first group to which children belong is their families. As they grow older, children watch to see how the other members of their families react to different behaviors and attitudes. They note which of their behaviors gain attention and which do not, which promote a sense of belonging and which do not.

Lifestyle. If a child cannot establish himself or herself as belonging to the family in a positive, useful way, he or she will determine a way to fit into the family in a negative, useless way. Eventually, this way of establishing his or her belonging becomes his or her lifestyle: the way the child views himself or herself, the world, and others and the repertoire of behaviors based on these views. "Lifestyle refers to the person's basic orientation to life, a set of patterns or themes that runs through the person's existence" (Carlson & Slavik, 1997, p. xii). As the child grows and matures, he or she will act out his or her lifestyle in various social contexts: the neighborhood, school, work, dating, and marriage. According to Watts (1999), the lifestyle

> organizes and simplifies coping with the world by assigning rules and values; it selects, predicts, anticipates; its perceptions are guided by its own "private logic"; it selects what information it allows to enter, what it will attend to, what affects will be aroused and what its response will be. (p. 3)

A useful tool in gaining insight into a person's lifestyle is the concept of *personality priorities* (Kefir, 1981, 1989; Kottman & Ashby, 1999). Personality priorities constitute the most important aspect in an individual's striving for belonging. According to this typology, there are four possible priorities: comfort, pleasing, control, and superiority. To recognize the person's personality priority, the counselor examines (a) his or her personal reaction to the client, (b) the client's behaviors, (c) the client's presenting problem or complaints about life, (d) the client's goals for life, (e) the client's assets, and (f) the aspects of life the client expresses an interest in avoiding. (See chapter 3 for more details about using personality priorities in play therapy and chapter 4 for using them in parent consultation.)

A tricky thing about a person's lifestyle is that, most of the time, it is not obvious to the individual. Mosak (1979) and Shulman and Watts (1997) described the lifestyle as a map for navigating through life's experiences that usually remains out of a person's awareness. One of the primary tasks of the Adlerian therapist is to observe the various aspects of the client's lifestyle and use a variety of strategies for helping the client become more aware of his or her patterns of thinking, feeling, and behaving.

Psychological "boxes." In most families, by the time the child is 6 or 7 years old, the entire family has a fixed idea of who the child is and how the child behaves. These beliefs and expectations constitute a psychological "box" in which the child lives. This box can define who the child is and what the child does, becoming boundaries of the child's lifestyle. The box can be positive or negative, but in either case, it is usually confining to the child.

Examples of different kinds of boxes for a child:

- Josie's box is being "the smart child." She "must" always act and sound intelligent. Whenever she does something stupid or silly, she feels badly and may be punished. She "must" get perfect scores on schoolwork and score well on standardized tests.
- Joe's box is being "the lazy child." He is an underachiever who never does anything—at school or at home. Because everyone has low expectations for contribution or achievement from him, no one ever asks him to do anything.
- LeShandra's box is being "the good child." She "must" always behave perfectly. She is not allowed to make any kind of mistake, be messy, or whine. If she is ever less than perfect, she is either severely punished or everyone totally ignores her transgression, as if it did not happen.
- Alexander's box is being "the bad child." He believes that he "must" always behave abominably. He is not expected to do anything well, be thoughtful, or be well-behaved. Even when he does something nice, he seldom gets credit for a positive thought or behavior because others believe that this is out of character for him, therefore suspect.

- Linnea's box is being "the phobic child." She believes that she "must" always be afraid to gain significance in the family. Other members of the family expect her to be afraid, so family life frequently revolves around protecting Linnea from whatever she fears. Her primary method of getting attention and feeling powerful is through her fear. When family members interact with her, it is usually to reassure her or to chastise her for being afraid.

When people have rigid expectations that dictate their thoughts, attitudes, and behaviors, they can get stuck in a trap. This situation becomes a snare when individuals begin to set up situations in which they reprove to themselves what they already believe about themselves. They act as if their own internal picture of themselves is true, evoking a reaction from others that confirms that they do, indeed, belong in their "box." For example, because Alexander believes that he is the "bad child," he engages in negative and inappropriate behavior. Other children and adults who interact with him are repelled by this behavior, sending him a message that he is, indeed, bad. This feedback spurs Alexander on to more negative and inappropriate behavior, and so forth.

Social interest. People are social beings, born with the innate capacity to develop social interest and a sense of connectedness with other human beings (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Manaster & Corsini, 1982; Watts, 1999). Social interest is

> the individual's awareness of belonging to the human community and the extent of his or her sense of being a fellow being. Social interest...can be thought of as an index to successful adaptation: The more developed the social interest, the more diminished the individual's feelings of inferiority, alienation, and isolation. (Griffith & Powers, 1984, p. 7)

This innate capacity must be fostered and developed, first by the family and then by other social forces, in order to flourish. As part of the development of social interest, children must form an attachment with their primary caretaker, who then helps them expand this connection—first to siblings, then to neighborhood children, classmates, teachers, and other people whom they encounter. If given the proper encouragement and stimulation, children eventually generalize their feelings of social interest to the entire human race, to the planet, and the other inhabitants of the planet. Social interest is considered as a criteria for mental health (Mosak, 1979).

> Persons who strive toward life goals in ways that promote the welfare and well-being of fellow humans evidence social interest and their movement is described as socially useful. Those who strive toward life goals with no regard for humankind evidence diminished social interest, and their movement is described as socially useless. (Watts, 1999, pp. 3–4)

Practical implications for Adlerian play therapists. The belief in social embeddedness dictates that the Adlerian play therapist must consider the child and the child's behaviors in the context of other human beings rather than in isolation. Because the child's first social context is the family, the play therapist looks at the child's relationship with her or his parents and other family members to see how the child gains significance and a sense of belonging in the family. With older children, the play therapist also considers other social contexts, such as the neighborhood, church, day-care center, and school.

I am extremely reluctant to see a child in play therapy without conjoint parent consultation because of my belief that the child is socially embedded. I believe that I must understand the child's lifestyle from the perspective of the child and from the perspective of other family members before I can help the family. To effect long-lasting changes, it is essential for (a) the child to make shifts in the way he or she sees himself, others, and the world, and (b) the members of the family to be willing to make adjustments in the way they view and respond to the child.

To get my own impression of how the child establishes significance in the family and how others in the family react to him or her, I quite frequently ask the entire family to come to a session or two, so I can observe relationships, interactional patterns in the family, and how the personality priorities of each family member are played out within the family. One of the most important aspects of my explorations in this area is related to any rigid beliefs about and expectations of the child held by the child and by the other members of the family—the child's "box."

Part of my job in my work with children is to avoid colluding with them around their "boxes" when they try to reprove what they already believe about themselves. I try to make sure, when children act as if what they believe about themselves is true, that I do not react in a way that reinforces negative self-beliefs (or even positive self-beliefs, which can still be confining). My purpose in doing this is to evoke the creative genius that lies in all children. In my family consultation, I work with parents and other family members on changing their patterns of thinking about and reacting to children's self-defeating or self-confining thoughts and behaviors.

Through the questions I ask parents during parent consultation, I try to understand how the child belongs within the contexts of the neighborhood and school. I may also go to the child's school or day-care center and observe his or her interactions with peers and teachers or consult with the teacher or the school counselor about the child's behavior and performance at school. I use all of the information that I gather this way to help me understand the child.

Most children who come to play therapy seem to have poorly developed social interest. I see one of my primary responsibilities to children and their families as the enhancement of social interest. I use my own connection to children to encourage attachment to other people. I make sure that children know I find a great deal of joy in their company. I treat them with respect and expect them to be respectful to me. If children need nurturing, I am willing to act out nurturing scenarios in the playroom. We can feed one another, feed the dolls, rock in the rocking chair, and perform other loving behaviors. Before I dismiss children from therapy, I usually bring in a second child, either a sibling, one of my other clients, or a friend of the child's, so that I can promote expansion of children's connection to other people.

Keeping in mind that I am not going to be the primary influence in the child's life, I work with parents to increase their sense of connection with the child, to teach them how to foster social interest. Many times, I have one or both of the parents come into play sessions with the child. In these sessions, I model ways to interact with the child in positive, nurturing ways and invite parents to practice making a connection with the child. I frequently give specific homework to family members, assigning cooperative activities and fun experiences. In my parent consultation, I teach parents how to use encouragement to build a positive relationship with the child. I also teach parents strategies for helping the child to generalize a sense of social interest. These techniques include providing experiences of making connections with siblings, relatives, and neighbors; sharing and taking turns; making charitable contributions and volunteering to help less fortunate people; and acting on a concern about the environment and other species of creatures.

People Are Goal Directed

Another important Adlerian concept is the idea that all human behavior is purposive and goal directed (Carlson & Slavik, 1997; Dinkmeyer, Dinkmeyer, & Sperry, 1987; Thompson & Rudolph, 2000). Adler believed that people are not motivated by instincts nor are they formed solely by experience, heredity, or environment (Mosak, 1995; Sweeney, 1989). Although each of these factors has a certain amount of influence in the formation of personality and in determining behavior, the primary motivating force in human life is the movement toward various life goals. People choose their behaviors in order to move toward their goals. These goals may be out of their awareness, but they are still always moving toward them.

Recognizing goals. In Adlerian therapy, recognizing a person's goals is one of the keys to understanding the person.

> If we know the goal of a person, we can undertake to explain and to understand what the psychological phenomena want to tell us, why they were created, what a person has made of his innate material, why he has made it just so and not differently, how his character traits, his feelings and emotions, his logic, his morals, and his aesthetics must be constituted in order that he may arrive at his goal. (Ansbacher & Ansbacher, 1956, p. 196)

The Adlerian therapist always looks at the client's behavior to explore the goal of that behavior. When the therapist and the client can understand the purpose of the behavior, this gives them a way to help the client decide if he or she wants to continue to strive toward that goal and if he or she wants to retain that particular behavior in his or her repertoire of behavioral choices.

Although there are many different goals for people's behavior, Rudolf Dreikurs classified the goals of discouraged children's misbehavior into four basic categories: attention, power, revenge, and proving inadequacy (Dreikurs & Soltz, 1964). In trying to determine which goal the child is striving toward, the therapist examines several factors: (a) the child's behaviors, (b) other people's reactions to the child's behaviors, and (c) the child's reaction to correction (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964). (See chapter 3 for more information about these goals.)

Dinkmeyer and McKay (1989) posited four additional goals that result in positive behavior. The first is the goal of attention, involvement, and contribution. Children who are motivated by this goal help others, acting out the belief that they can belong by contributing. Children striving toward the second goal, autonomy and self-responsibility, believe that they can make responsible decisions and have age-appropriate power. These children are resourceful, exhibit self-discipline and self-control, and take care of themselves. Children moving toward the third goal of justice and fairness are interested in cooperating and believe in turning the other cheek. In response to cruelty or hurt, these children return kindness and caring. Children motivated by this goal have usually experienced these values in their interactions with influential adults. The fourth goal is avoiding conflict and acceptance of other people's opinions. Children motivated by this goal believe that there are more appropriate ways of solving disagreement than arguing or fighting. They ignore provocations, withdraw from power struggles, and resist peer pressure, exhibiting mature decision-making skills.

Another positive configuration of goals has been postulated by Lew and Bettner (1996, 2000), who suggested that children strive toward the "Crucial Cs." In this model, children have a need for (a) *connecting* with others (the positive goal of cooperation), (b) being *capable* (the positive goal of self-reliance), (c) *counting* or being significant (the positive goal of contribution), and (d) having *courage* (the positive goal of resiliency). (Chapter 3 elaborates on each of these in greater detail.)

Practical implications for Adlerian play therapists. Most of the children who come to play therapy are striving toward goals of misbehavior rather than goals of positive behavior. The Adlerian play therapist must be able to recognize both types of goals because the ultimate aim of therapy is to help children move toward the positive goals of behavior rather than the negative goals of misbehavior. Whenever the therapist notices children in the playroom being motivated by the more socially appropriate goals, he or she can encourage the resultant behavior. The therapist can also use children's gradual letting go of striving to attain the negative goals and moving toward the positive goals as a road to increased happiness and stability and a barometer of improving mental health.

People View Life Subjectively

Adlerian theory is based on a phenomenological perspective. Adlerians believe that people make decisions based on their subjective interpretation of facts rather than on actual facts (Ansbacher & Ansbacher, 1956; Carlson & Slavik, 1997). People filter reality through the already formed perceptions and conviction in their lifestyles:

> We learn by acquiring new information through our sense organs, perceiving it and storing it in the brain. We then perceive new information and match it against that already stored. In the process we acquire attitudes toward events and situations which color our view of new information so that we may accept it in whole or in part, reject it, or alter it. The individual's biased mode of apperception is always present, and always unique to his [or her] life-style. (Beames, 1992, p. 20)

Mistaken beliefs. Young children are excellent at observing, but they frequently make inaccurate interpretations of events and interactions (Dinkmeyer, Dinkmeyer, & Sperry, 1987). An example of an inaccurate interpretation would be when Douglas, a 7-year-old, believes that his own misbehavior is the cause of his father's drug abuse.

As children form their lifestyles, they may incorporate some of these faulty interpretations into their basic convictions about themselves, others, and the world and the behavior that is required of them (Griffith & Powers, 1984). These interpretations get incorporated into a system of "mistaken" beliefs—ideas about self, others, and the world that are self-defeating and discouraging. On the basis of these mistaken beliefs, people develop a private logic that frequently remains out of their awareness but that is the foundation for their reasoning and for many of their assumptions, decisions, attitudes, and behaviors. Adler suggested that this private logic interferes with the day-to-day functioning of individuals. He believed that it is more helpful for a person to develop common meanings—"meanings in which others can share and which others can accept as valid" (Ansbacher & Ansbacher, 1956, p. 253). As Douglas grows up, he might generalize from his belief that he is responsible for his father's drug abuse to the idea that he is to blame every time something goes wrong in his relationships. On the basis of this private logic, he may decide to avoid friendships and other relationships. An Adlerian counselor would work with Douglas to replace his private logic with common sense.

Feelings of inferiority. Because there is always a discrepancy between the self-perception and the self-ideal, all people experience feelings of inferiority (Ansbacher & Ansbacher, 1956; Mosak, 1979). There are two types of possible responses to feelings of inferiority: discouragement or inspiration.

People who choose to be discouraged by their feelings of inferiority usually feel overwhelmed and worthless. In response to these feelings, they may choose a path of giving up or a path of overcompensating. Individuals who just give up and stop trying to act in a constructive manner respond to their feelings of discouragement by simply shutting down. They may look and act depressed or suicidal, or they may just be extremely negative and discouraging to themselves and others. The second reaction to feeling overwhelmed by a sense of inferiority involves overcompensating. Individuals who have this reaction frequently develop a "superiority complex." They spend most of their time and energy trying to counter their own feelings of inferiority by proving that they are "in fact" *not* inferior to others—they are better than others. By working hard to be superior to others, they become fixated on outdoing others and letting them know that they have been outdone.

People who choose to be inspired by their feelings of inferiority use the discrepancy between what they want to be and what they perceive they are as a challenge. They work to overcome their feelings of self-doubt by trying to move toward their self-ideals. They do not allow themselves to feel overwhelmed by feelings of inferiority but rather use these feelings as a barometer to help them learn more about themselves and what they want to improve in themselves, their relationships, and other aspects of their lives.

Practical implications for Adlerian play therapists. In Adlerian play therapy, the counselor must always be aware of the subjective interpretation of various situations. As the counselor gathers information from the parent(s), the child, and the teacher, each person has a different view of relationships and situations. Sifting through the various perspectives, the counselor must remember that there is no correct interpretation of reality. Because the child is the primary client, the counselor must give extra thought to his or her viewpoint. It is essential to try to understand how the child is interpreting the events and interactions that he or she observes. This way, the counselor may be able to recognize times when the child is using private logic and incorporating potentially negative or harmful basic convictions into his or her lifestyle.

Presentation is a key in trying to prevent the child from including faulty assumptions or negative interpretations in her or his lifestyle. Because adults are frequently guilty of telling children how they should interpret situations and what they should think about relationships and ideas, the Adlerian play therapist must offer alternative interpretations tentatively. If the therapist sees something differently than the child does, it is sometimes helpful to offer another way of looking at things—not as a better interpretation but as a possible alternative, a different interpretation. The therapist must pay close attention to his or her own verbal and nonverbal reactions to avoid conveying that the child should see things differently.

The Adlerian play therapist must stay constantly alert to indications that children are feeling overwhelmed by their feelings of inferiority and becoming discouraged. Some children act out a sense of discouragement by simply refusing to participate in life. They may act depressed, suicidal, withdrawn, underachieving, mentally retarded, or any other form of shutting down. Other children act out a sense of discouragement by overcompensating for their feelings of inadequacy. They may bully others, brag, denigrate others, or otherwise artificially elevate themselves over other people.

One of the best intervention strategies with children who are having difficulty coping with their inferiority feelings is encouragement. (See chapter 6 for ways to use encouragement in the playroom.) It is also important to teach the parents, teachers, and other adults who come into contact with children how to encourage them and help them learn to use feelings of inferiority as a challenge rather than a defeat.

People Are Creative

According to Beames (1992):

> Individual Psychology is deeply conscious of and rejoices in the uniqueness of each individual member of the human race. This uniqueness is seen to be the expression of a fundamental, mysterious creativity that is innate in each person. It is this creative element that takes the givens of life (heredity, environment) and interprets them, modifies them, expresses them in purely subjective and surprisingly unpredictable personal ways. (p. 34)

In Individual Psychology, the focus is on the special and wonderful qualities of each individual. As part of the quest to celebrate the creativity and uniqueness of each person, Adlerian counselors help their clients explore their assets; their goals; their Crucial Cs; their personality priorities; their private logic; and their thoughts, feelings, and behaviors. The counselor takes a holistic view of life, examining clients' uniqueness across the five tasks of life: work, friends, love (Adler, 1931/1958), finding meaning in life (spirituality/existential), and coming to terms with oneself (self/self-regulation) (Mosak, 1977).

Self-determination. Adlerians believe that each individual human being expresses this creative ability by making choices. Self-determination is a key tenet in Individual Psychology because it involves recognition of the human ability to choose a unique interpretation of situations and relationships and to act as if those interpretations are true.

> [T]he important thing is not what one is born with, but what use one makes of that equipment....To understand this we find it necessary to assume the existence of still another force, the creative power of the individual. (Ansbacher & Ansbacher, 1956, pp. 86–87)

This also means that human beings are free to make new decisions and interpretations, different from the ones they have made previously. The ability to make choices allows individuals to exercise their creativity and uniqueness constantly throughout their life spans.

Practical implications for Adlerian play therapists. The Adlerian belief in the ability to make new choices and to reinterpret situations provides a vehicle for play therapists to work with children to get out of their boxes, change their lifestyle patterns, increase their social interest, make shifts in the goals of their behavior, and a host of other forums for determining their paths. One of the primary responsibilities of the Adlerian play therapist is to discover how each child expresses his or her special and wonderful self and to convey a sense of celebration in his or her uniqueness to the child, the parent(s), and the other people who interact with him or her. Sometimes the child expresses uniqueness in a way that others do not appreciate. For example, Jeremy is frequently in trouble at school for offending others by cursing and using socially inappropriate language. As the counselor, Ms. Barry, gets to know Jeremy, she notices that Jeremy consistently uses language in very creative ways. It becomes Ms. Barry's job to help Jeremy to recognize and celebrate this unique asset and realize that he can use his unique command of language in more constructive, useful ways.

GOALS OF THERAPY

According to Mosak (1995), the major goals of Adlerian therapy are to help clients to (a) enhance their social interest; (b) overcome their feelings of inferiority; (c) reduce their feelings of inferiority or find more positive ways of dealing with them; (d) make changes in their life goals and in their mistaken beliefs about self, others, and the world; (e) alter negative motivation; (f) gain a sense of equality with others; and (g) become cooperative, contributing members of society. Not all clients need help with every one of these goals. During the initial sessions, the therapist and the client collaboratively determine which therapeutic goals are appropriate for the client.

In play therapy, the Adlerian counselor hopes to

> move the child from destructive goals and misbehavior toward constructive goals; enhance attainment of the Crucial Cs; increase the child's social interest; adjust self-defeating perceptions in the child's beliefs about self, others, and the world; reduce discouragement; and help the child to understand and "own" his or her personal assets. (Kottman, 2001, p. 41)

FOUR PHASES OF ADLERIAN PLAY THERAPY

There are four phases of the therapy process in Individual Psychology: (a) building a relationship, (b) exploring the client's lifestyle, (c) helping the client gain insight into his or her lifestyle, and (d) reorienting and reeducating the client. In Adlerian play therapy, the counselor goes through these four phases with the child in the playroom and with the parents in the parent consultation.

In the first phase, the counselor uses tracking, restatement of content, reflection of feelings, questioning strategies, active interaction with the child, cleaning the room in a collaborative manner, encouragement, and limit setting to build an egalitarian relationship with the child. Simultaneously, the counselor uses strategies such as paraphrasing, feeling reflection, encouragement, and identification of personality priorities and Crucial Cs to build a relationship with the child's parent(s) during parent consultations. If the play therapist is consulting with teachers, these same skills are essential to establish rapport with them as well.

To investigate the child's lifestyle, during the second phase, the play therapist uses observation of play and other interactions, questioning techniques, and art therapy strategies to gather information from both the child and the parent(s) about the goals of the child's behavior, the Crucial Cs, personality priorities, the family constellation, family atmosphere, assets, private logic, and early recollections. The counselor organizes this information into a conceptualization of the child to be shared with the child and the parents during the third phase of therapy: helping the child and his or her parent(s) gain insight into the child's lifestyle. In the parent consultation, the counselor is also exploring parents' ideas about themselves as parents, parenting strategies, marital issues, and personal issues that may be interfering with the parents' ability to positively interact with the child. Treatment plans outlining goals and strategies for working with the child and the parents stem from the understanding developed during the second phase.

As part of the process in the third phase, the counselor uses tentative hypotheses, interpretation, metaphors, art techniques, confrontation, immediacy, and humor to help the child examine his or her attitudes, perceptions, feelings, thoughts, and actions to decide which of these he or she wants to change and which he or she wants to continue. In parent consultation, the counselor uses these same tactics to help parents increase their understanding of the child and his or her motivation, enhance their insight about themselves as parents, and make decisions about parenting strategies to support the changes the child is making.

In the reorientation/reeducation phase, the counselor helps the child and parents operationalize these decisions in play therapy sessions, in the family, and in other settings. The play therapist uses brainstorming, problem solving, and teaching to convey various interactional skills to the child and parenting skills to parents. Practicing the newly acquired knowledge and skills in sessions helps the child and parents consolidate what they have learned before they practice them in other situations, coming back to the play therapist for encouragement and learning to encourage one another.

These phases are not discrete. The counselor continues to build the relationship throughout the process. The counselor may choose to combine techniques to help the client gain insight into his or her private logic or faulty assumptions during the information-gathering process or to teach some new skills (reorientation/ reeducation) as the client gains insight. In many circumstances, in school, private practice, or agency settings, for example, the counselor may feel pressure to hurry the process and go directly to the reorientation/reeducation phase. It is essential to resist this temptation and go through all four phases without skipping any.

In my experience with children and their families, skipping phases simply does not make for an effective, lasting intervention. It is just putting a Band-Aid on the problem. If I do not take the time to build a relationship with the client or to understand the dynamics of the problem, there is little motivation on the client's part and little therapeutic leverage on my part. If I only establish rapport and explore the problem, the client may not convert the insight gained in the process into behavior or attitude change.

ROLE OF THE THERAPIST

The role of the Adlerian therapist is active and directive. The therapist provides information, guidance, positive modeling, reality testing, encouragement, and respect.

> Essentially, the therapist takes the attitude that the client is self-reliant, self-sufficient, responsible, the instant cause of his [or her] own misery, and that his [or her] problems are based entirely on mistaken goals, wrong perceptions, and incorrect interpretations. The therapist will act as a friendly guide—willing to see the truth—to point out mistakes and to suggest better ways. (Manaster & Corsini, 1982, p. 152)

Although this description is consistent with the basic stance of the therapist in Adlerian play therapy, the role of the therapist is extremely fluid, changing according to the phase of therapy (Kottman, 2001). During the first phase, the play therapist is relatively nondirective, acting as a partner who invites the child to share power and responsibility in sessions and inviting parents to feel a sense of collaborative investment in the therapeutic process. A big component of the therapist's role during this phase is to encourage the child and the parents so that they gain self-confidence and a sense of competence.

In the second phase, the role of the play therapist shifts into a more active and directive mode. The therapist acts as a detective, gathering information about both the child's and the parents' attitudes, perceptions, thinking processes, feelings, interactions, and so forth. At the end of this phase, the therapist develops a conceptualization of the child's lifestyle and a treatment plan for working with the child, the parents, and the teacher when appropriate (Kottman, 2001).

The play therapist is again a partner during the third phase—a partner with essential information to communicate to the child and to the parents. Most of the time during this phase, the play therapist is very directive. The therapist challenges long-held, self-defeating mistaken beliefs about self, others, and the world; invites the child and the parents to make changes in attitudes and perceptions; nudges both the child and the parents to master additional Crucial Cs; encourages increased social interest; and facilitates movement in a host of other facets of the family's functioning (Kottman, 2001).

In the reorientation/reeducation phase, the play therapist is an active teacher and encourager. The primary function of the therapist during this phase is to help the child and the parents learn and practice new skills for adding to their behavioral repertoire and apply new, more positive self-perceptions and perceptions of others in their daily lives. The therapist usually spends time in session teaching and providing practice in assertiveness skills, negotiation skills, social skills, parenting skills, communication skills, and other useful strategies that the child and the parents can use to interact with others and cope with problem situations (Kottman, 2001).

SUMMARY

According to Adlerian theory, people are socially embedded, goal directed, and creative. They view themselves, others, and the world from a subjective perspective. Because they conceptualize the child on the basis of this view of the nature of people, Adlerian play therapists must consider the impact of family and community on the child's personality and interactional patterns. They must also understand the purposes of the child's behaviors and the individual and unique ways the child gains a sense of belonging and significance. Through the four phases of Adlerian play therapy, counselors build rapport with the child, explore the child's lifestyle, help the child to gain insight into his or her lifestyle, and teach the child new ways of interacting with others, based on his or her altered view of self, others, and the world. During the four phases of Adlerian parent consultation, counselors build an egalitarian relationship with parents, explore parents' perceptions of their child's lifestyle and explore the lifestyle of the parents, help parents gain insight into their own lifestyles and that of their child, and teach them new skills for interacting with their child and seeing themselves as parents from a more positive, proactive framework.

The ultimate goal in Adlerian play therapy is for the therapist to use the relationship with the child and his or her parents to help the members of the family enhance their understanding of their intrapersonal and interpersonal dynamics and to invite them to use that insight to make far-reaching, permanent changes in their attitudes, thoughts, feelings, and actions.

Chapter 3

UNDERSTANDING CHILDREN

THIS CHAPTER IS a guide to several different Adlerian concepts to gain an understanding of children and their dynamics. By considering children's Crucial Cs (Kottman, 1999; Lew & Bettner, 1996, 2000), the goals of their misbehavior (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964), and their personality priorities (Kefir, 1981, 1989; Thompson & Rudolph, 2000), the Adlerian play therapist can develop a picture of children's lifestyle and how that lifestyle is reflected in the patterns of their behaviors, thoughts, attitudes, and relationships. I believe that all of these concepts can also be applied to adults, and I use these ideas to enhance my understanding in my consultation with parents and teachers and in my supervision and training of play therapists. (See chapter 4 for more about how to apply these concepts with adults.)

CRUCIAL Cs

Lew and Bettner (1996, 2000) developed the concept of the Crucial Cs in response to the research on resilient children that suggested that children who are successful in life have strong relationships with others, feel valued by others, and have a perception that they have control over some of the facets of their lives. Compared with children who are struggling, children who are successful seem to have four beliefs that serve as unconscious behavioral guides. According to Lew and Bettner (2000, p. 3), these beliefs are the internal certainty of

- Being *connected* to others, feeling a sense of family and community
- Being *capable* of taking care of oneself

- Being valued by others, knowing that one *counts* and makes a difference
- Having *courage*

When children have the vital protections provided by the Crucial Cs (connection, capability, counting, and courage), they grow up responsible, productive, cooperative, self-reliant, resilient, resourceful, contributing, and happy.

During the first and second phases of Adlerian play therapy, the counselor observes the child's behavior, asks the child questions, and gathers information from parents (and teachers when appropriate) with the goal of understanding whether the child has incorporated each of these beliefs into his or her self-perceptions (Kottman, 1999). On the basis of this assessment, the counselor can plan ways of fostering the Crucial Cs that the child has not incorporated into his or her belief system, using interactions in the playroom during the third and fourth phases of therapy and helping parents and teachers learn to instill this internal protection within the child.

Connect

Children need to have a sense of belonging, a feeling of connection with others (Lew & Bettner, 1996, 2000). Those who have the desire to connect with others in positive ways, the skills needed to connect with others, and the confidence in their own ability to connect with others, feel socially secure, and believe that they belong. They can reach out to others and make friends. They can build and maintain cooperative positive relationships with other children and with adults.

A child who has this sense of belonging quickly builds rapport with the therapist, behaving confidently and comfortably in the partnership in the playroom. As the therapist gathers information from the child and from parents and teachers, it will become apparent that the child easily makes and keeps friends at school and in the neighborhood and interacts positively with other members of the family.

Although Lew and Bettner (2000) did not address this issue, in my experience there are children who seem to have only partially incorporated a belief in their ability to connect but do not have complete confidence in this ability (Kottman, 1999). These children are usually a little tentative in forming a relationship with the counselor in the initial stages of therapy, but they are open to the possibility of a comfortable connection. On the basis of other-report and self-report, they are able to form relationships with others but may struggle with maintaining friendships and developing a strong social network.

Children who have not learned the value of social interest or have not acquired the skills necessary for connecting with others feel isolated and insecure (Lew & Bettner, 1996, 2000). These children do not believe that they belong and so act as if they do not belong. When they act as if they do not belong and expect to be rejected by others, they usually get feedback from others that this belief is accurate, which reinforces their sense of disconnection. Sometimes children who do not connect in constructive ways decide that connecting through negative means is better than not connecting at all. As a result of this decision, these children often seek attention in negative, self-destructive ways to give themselves a way to feel that they have a place in a group or the family, even if it is a negative place.

In the playroom, these children have difficulty connecting with the therapist, sometimes avoiding eye contact, resisting coming into the playroom, refusing to follow the therapist's suggestions about possible collaborative activities, and so forth. As the therapist gathers information from parents and teachers about the social interactions of children who do not believe that they can connect or do not have the social skills necessary for connecting, a picture forms of consistent difficulty in making friends and maintaining relationships with others—at home, at school, in the neighborhood. These children tend to be social rejects, social isolates, or scapegoats.

During the first phase of play therapy with children who do not have the confidence or skills necessary to connect with others, I balance working to build the relationship with restraining myself from pushing them into a relationship before they are ready (Kottman, 1999). I must avoid conveying disapproval or discouragement about their ability to connect with me. I do more tracking, restating content, reflecting feelings, and encouraging with these children than I do with children whose belief in their ability to connect is strong.

Once I feel as though we have begun to build a connection, I move into the second phase of therapy very slowly, asking just one or two questions and only asking the children to do activities such as drawing or a puppet show if I feel that they will have fun doing them. I work on strengthening the connection between me and the child throughout the second phase. If it ever feels as though my exploration of the child's lifestyle would threaten the relationship, I opt to wait on the investigation to make sure that the relationship does not suffer.

During the third phase of Adlerian play therapy, I use toys, stories, books, or examples from my relationships or the child's situation to talk about the value of building relationships, the child's feelings and beliefs about connecting, and the child's ability to connect. The following are some examples of these strategies:

- "I am thinking that the octopus is both excited AND scared about making friends with that fish."
- "Those puppets are being very friendly toward one another."
- "I would bet that the little girl in the story is worried that no one likes her. I think that she must feel really lonely."
- "Sometimes I get scared that my friends might like somebody else better than they like me, but I have decided to be friends with them anyway because I really like having friends, even when I am not their best friend."
- "I have noticed that whenever I talk about other kids in your class, you think that there is no chance they would want to be friends with you. How do you think that keeps you from getting to be friends with them?"

With children who have low levels of social interest, I often use interventions that increase a sense of the value of connection to others (e.g., bibliotherapy and metaphoric storytelling). I also work with their parents and teachers on communicating the message that caring about and connecting with others is an important value.

In the fourth phase, I provide experiences such as modeling, role playing, and puppet shows to help children learn and practice social skills. I also teach parents and teachers to provide positive feedback to help children overcome negative beliefs about their ability to connect with others.

Capable

Children need to believe they are capable of taking care of themselves (Lew & Bettner, 1996, 2000). Children who feel capable are grounded in their own competence. They manifest self-control and self-discipline. These children know that they can rely on themselves, and they willingly take responsibility for themselves and for their own behavior. They have a realistic assessment of their own abilities, and when they set their minds to doing something, they have confidence that they can be successful. Because they believe that they are capable, they act with competence and self-assurance. Children with a strong sense of being capable express confidence in their ability to do things in the playroom and outside the playroom. Listening to these children talk about home and school, the play therapist will notice that they have a strong sense of self-efficacy and a clear idea of things they can do well.

In the playroom, children who only sometimes feel capable are hesitant about their abilities, but they are usually willing to try new things when the therapist encourages them to do so. They may report successful efforts but tend to focus on those times when they struggled rather than those times when they were triumphant. In describing situations in which they demonstrated competence, they frequently sound as if these successes surprise them. These children are open to positive feedback about specific accomplishments but sometimes hesitate to accept global complimentary comments from others.

Children who do not feel capable frequently feel inadequate. Their lack of belief in their own abilities becomes a self-fulfilling prophecy. Because these children do not have confidence in their competency, they experience failure over and over again. They frequently sabotage their own efforts, making sure that the end results of their exertions prove what they already believe about themselves. Even in situations in which they are successful, they find ways to interpret the end results as confirmation that they have failed. Children who lack confidence in their own competence may try to control others by overpowering them. Sometimes these children use systematic defiance in an effort to communicate to others that they cannot be controlled. Other children who have not incorporated a sense of competence in their beliefs about themselves become overly dependent on others, expecting others to take care of them because they believe that they do not have the skills to take care of themselves.

Children who struggle with believing in their own competence express a great deal of self-doubt in play sessions. In the playroom, these children are quite reluctant to try new activities that require any kind of skill or expertise and are often unwilling to try new ways of playing with toys they "already know how to play with." In describing their experiences in other settings, they consistently provide evidence for their lack of competence, describing their failures in extensive detail and never mentioning any successes they might have had.

Encouragement is my primary intervention tool in all four phases of play (Kottman, 1999). During the first phase, I concentrate on pointing out the child's assets and skills whenever possible. In the second phase, I use my interaction to explore possible areas in which the child might feel competent and areas in which the child considers that competence might be a future possibility.

I make guesses about the child's lack of belief in his or her capability in the third phase. I frequently "spit in the child's soup" about doubts about his or her ability to be capable, suggesting that this is not the most constructive or accurate stance to take. To do this, sometimes I communicate through metaphor and sometimes I specifically address situations in the child's life. (See chapter 10 for a detailed discussion of this technique.) Some examples of this strategy would include comments like the following:

- "When things get kind of difficult for that bunny, she decides that she just can't do it. Do you think that she really can't do it?"

- "In this story, the boy was pretty sure that he couldn't kick the ball, so he didn't even try. What do you think he should have done if he wanted to learn to kick the ball?"
- "You didn't want to try putting that dart in the dart gun because you didn't know how it went in there. But once you looked at the insides of the gun barrel, you figured it out."
- "You say that you can't paint pictures, but you have made some paintings that most kids who come in here would be very proud of."

In the fourth phase, I invite the child to participate in activities in which I believe he or she can experience success (e.g., games that require little or no skill, puppet shows for which I generate the plot, and art projects that need no art talent). I also teach the child specific skills (such as knocking over a pile of blocks with a ball or working the catch release mechanism on the handcuffs) that I can use to help the child gain a sense of competence. I must be constantly alert for the smallest sign of progress, a slight willingness to try something new, or an expression of pride or accomplishment and encourage the child for this movement toward a sense of capability.

Count

Children need to know that they are significant, that they count (Lew & Bettner, 1996, 2000). Those who believe they count have confidence that they make a difference in the world and that they constructively contribute to the lives of others. These children feel valuable and valued. They acknowledge their inherent worth as people. Because they have faith that they do matter and that they can make a positive contribution, their behavior is constructive and helpful—they act in ways that make a difference in their families, their communities, their schools.

In the playroom, children who know that they count are confident that the play therapist will believe that they are special and important. This is not arrogance but assurance that others recognize their positive contributions in school, at home, and in social situations. They frequently report situations in which they were helpful to others, serving as mentors to younger children, conflict managers on the playground, and so forth.

Children who do not believe that they count feel insignificant. They often believe that no one notices them or hears what they have to say. Many children who feel that they do not count develop poor self-images. They may give up, try to intimidate others, or overcompensate by acting superior. Because these children believe that they do not have the ability to make a difference in a positive way, they behave in negative ways or they withdraw from interaction with others, ensuring that they will not make a constructive contribution.

In the playroom, the behavior of these children is usually designed to prove that they do not count. They may make negative self-statements, refuse to answer questions about their lives outside the therapy setting, perpetually defer to others, refuse to play, make comments about the therapist never listening, and so forth. These children report experiences from outside the play setting that confirm their belief that they are insignificant and worthless.

Other children believe that they only count if they are meeting some specific set of conditions. For instance, they may think that they only count if they are taking care of others; or if they are beautiful, athletic, or strong; or if they let others make all the decisions. Because their significance is conditional, these children work very hard at whatever it is that they believe it is about them that counts. They are extremely anxious because they believe if they do not meet whatever condition defines their worth, no one will care about them.

In the playroom, children who believe that they count only if they meet certain conditions usually spend most of their time and energy working to make sure that those conditions are met. If the therapist does not respond as these children expect, with comments that reinforce the conditional nature of their significance, these children become extremely anxious or hostile. As they describe their interactions outside the playroom, these children make it clear that they perceive the only way they can make a difference is to comply with their specific set of conditions. When building the therapeutic relationship with a child who does not believe that he or she counts, it is essential for me to convey an honest excitement about the child and the fact that I get to spend time with him or her (Kottman, 1999). I make sure that I am really focused on what the child is doing and saying, and I give the child feedback about how much I value our interaction and his or her opinions and experiences. I consistently make comments that indicate my belief that the child is special and important, and I teach parents and teachers to do this as well.

The child who believes that he or she counts conditionally is constantly scanning relationships for confirmation that people will only value him or her under those conditions. I am very careful to monitor and self-manage my comments and my nonverbal behaviors so that I can convey that my regard for the child is unconditional.

During the second phase, I ask questions designed to explore situations and relationships in which the child has felt significant or special, looking for experiences in which the child has made a difference. In helping the child to gain insight into his or her lifestyle, I metacommunicate about areas in which the child does not feel significant while using encouragement to suggest that there are other areas in which the child has potential for having a strong positive impact. I spit in the child's soup when the child discounts his or her impact or importance. Some examples of my doing this include the following:

- "I am really happy to see you today. Being with you brightens up my day."
- "When the boy in the story said that he was glad to see his friend, it sounded as if his friend didn't believe him."
- "You know a lot about working with cars. Based on what you told me today, I have a good idea of what is wrong with my Beetle. Thanks for helping me out."
- "When the llama thanked the pig for his help, the pig argued that he had been no help at all. What do you think about that?"
- "Even when you have good ideas in school, it sounds like you think that no one listens to you."
- "Seems like that Barbie thinks people only like her when she has nice clothes on and her hair is perfect. I think that anybody who didn't like her just because she was having a bad hair day wouldn't be a very good friend."

In the fourth phase of therapy, I try to find ways for the child to make a positive contribution in the playroom (e.g., finding a lost toy, helping to sharpen the colored pencils, and giving a younger sibling a tour of the playroom). I also suggest to parents and teachers that they find ways for the child to make a contribution to the family, the school, or the community in the spirit of making a difference in the world (e.g., helping in a litter patrol along a community thoroughfare or mentoring a younger child) and work with them to communicate unconditional acceptance and support for the child.

Courage

Children need to be courageous. They must be willing to face life's tasks and take risks even in situations in which they do not know whether they will be successful.

> For children to develop as fully as possible, they must have the courage to press on in the face of failure and fear. Courage is not the absence of fear; courage is the willingness to go forward and do what needs to be done in spite of the fear. (Lew & Bettner, 2000, p. 15)

Children who have courage feel hopeful, confident, and equal to others. Even when they are afraid, these children are willing to take chances because they believe they can handle challenging situations.

They are resilient, not giving up or allowing themselves to be overwhelmed by discouragement or unduly influenced by the opinions of others. Children with courage say to themselves, "I know that I can handle what comes my way," and because of this belief, they can.

In play therapy, children manifest courage by being willing to take risks and try new behaviors and experiences. They are flexible thinkers and are willing to share power without feeling threatened or diminished. They report situations outside the play setting in which they persist even when things are not working out the way they expected and in which they stand up for their personal beliefs even when others disagree with them. Parents and teachers of these children report courageous behavior and resilience. They have witnessed evidence that their children will not let themselves be overcome by fear.

Children who have some courage but are not completely courageous may be hesitant to try new activities. However, they are usually willing to accept encouragement and positive feedback from adults and peers. As they become more confident about their ability to deal with their own fears, these children gain a sense of hopefulness and equality, which results in increased courage.

Children who do not have courage feel inferior to others, discouraged, hopeless, and inadequate. They are easily overwhelmed by fear and discouragement, avoiding challenging situations in which they might fail. Parents and teachers frequently report that these children give up easily, quite frequently developing poor work habits, school phobia, selective mutism, or depression. Because they do not try new experiences or enter into new relationships, demanding that little or nothing in their lives change, their passage through life confirms what they already believe about themselves—that they are inferior and inadequate.

In play therapy, a lack of courage manifests itself in children who simply will not take any risks or try any play experience that is not a guaranteed success. These children will do little or nothing in a play session, which can become very frustrating to the play therapist.

Building a relationship with a child who lacks courage is rather slow going, so the key to this phase is patience (Kottman, 1999). I try to temper my inviting the child to try new experiences with my willingness to go slowly enough that the child is not overwhelmed by anxiety. When I have a child who struggles with courage, I do a lot of returning responsibility to the child. I avoid doing things for the child that he or she can do alone, and I make no decisions for the child. I also metacommunicate about situations in which the child has taken even a small risk or tried something new.

These children tend to ignore questions during the second phase, making sure that they do not make a mistake in one of their answers. A response of "I don't know" is their usual reply to any other than factual questions. When this happens, I use a technique I have adapted from Gerald Corey (personal communication, March 1988). First, I say to the child, "If you did know, what would the answer be?" If this does not work, I move to asking for "outside" help. Sometimes, I bring in a fairy or wizard puppet and ask the puppet the question, hoping that the child will answer for the puppet or contradict a nonsensical answer I provide for the puppet. Other times, I ask the child what a favorite teacher or aunt or grandparent would tell me if I asked them the question.

In helping the child gain insight into his or her lifestyle, I make guesses about how anxiety seems to be preventing the child from having experiences that are potentially fun or from accomplishing things he or she has the capacity for doing. I also metacommunicate about how courage creates a sense of hopefulness and how lack of courage creates a sense of despair. Some examples of these interventions are as follows:

- "It seems like that flying squirrel was scared about trying to jump from one tree to the other, even though she knew that she could do it just fine. She was pretty sad and a little disappointed in herself because it looked like it would be fun and exciting."
- "The little otter pup wasn't willing to go swimming with the other otter pups. What do you think stopped him from going swimming?"
- "You decided not to finger paint because you were afraid you might make a mistake."
- "I am guessing that you don't want to decide what color to paint the house because you are afraid that it might not be the perfect choice. In here, there is no perfect choice."

During the reorientation/reeducation phase, I find it helpful to break tasks down into small components so that the child's risk of "failure" is reduced. I sometimes set up situations in which I teach the child specific skills necessary for successful mastery of new experiences (e.g., how to test each of the Jenga pieces before pulling one out, how to make the mouth of a puppet move so that it looks like the puppet is talking). I purposely (and not purposely, which is convenient) make mistakes, modeling "the courage to be imperfect" to demonstrate that taking risks, trying new activities, being embarrassed, or experiencing failure in the playroom is never fatal. To demonstrate that I am afraid of many things but do not let fear stop me from doing what I want to do, I use self-disclosure, telling stories about situations in my own life in which I have proved to myself that I can successfully face challenges. When I do this, I am careful that these disclosures are relatively short so that the session does not become "all about me." I also monitor how I present my story because I do not want to convey (either verbally or nonverbally) that I am judgmental or disapproving of the child because of his or her fears.

GOALS OF MISBEHAVIOR

In trying to understand and alter the goals of discouraged children, it is essential to remember that "all misbehavior . . . stems from discouragement. The child lacks courage to behave in an active, constructive manner. A child does not misbehave unless he or she feels a real or threatened loss of status" (Dinkmeyer & McKay, 1989, pp. 11–12). The goals of discouraged children fall into four primary categories of striving: attention, power, revenge, and proving inadequacy (Dreikurs & Soltz, 1964).

To determine a child's goal, the therapist gathers information about the child's feelings and behaviors, the feelings and reactions of adults who interact with the child, and the child's responses when he or she experiences criticism or punishment. Because each of these factors is different for the four goals, the therapist can usually determine which goal of misbehavior fits the child. It is important to make this determination because the intervention strategies in play sessions differ according to the counselor's understanding of the child's goal. Knowing the child's goal is also helpful in planning parent and teacher consultations because the Adlerian techniques used in dealing with misbehavior are somewhat goal specific.

Attention

Children whose goal is attention believe that the only way they are significant is when they are the center of attention. When others are not paying attention to them, they feel insignificant and unimportant. They feel that they need attention in order to belong. Children whose goal is attention have four possible routes to get that attention: the active constructive route, the passive constructive route, the active destructive route, and the passive destructive route (Dreikurs, 1948; Pepper, 1980). Children usually try to gain significance through a constructive route first, but if they feel that they have not achieved acceptance and belonging using positive, useful methods, they switch to the destructive mode. Children use the active or passive mode depending on the level of their personal courage and energy. Children who have a great deal of courage and energy take the active path to gain significance. Children who feel discouraged, defeated, and afraid take the passive path to belonging (Dreikurs, 1948; Pepper, 1980).

Each of these subcategories has distinctive types of typical behaviors. Children who have elected to take the active constructive path to gaining attention typically have many positive behaviors and mannerisms, all designed to make them the center of attention. These children are usually the teacher's pets or model children who use "goodness" to get recognition. They are quite frequently very conscientious and may use tattling as a way to gain attention. Active constructive attention seekers flamboyantly do nice things for other people—drawing attention to their good deeds all the while.

Children who have elected to take the passive constructive path to gaining attention typically exhibit the same kind of behaviors that active constructive children do (Dreikurs, 1948; Pepper, 1980). The primary difference is that passive constructive children do these behaviors less obviously and then wait wistfully for someone else to notice and give them the attention that they crave. Sometimes passive constructive attention seekers act like clinging vines, expecting others to take care of them. These children may also receive a lot of attention for good looks or charming personalities and frequently develop a desire for admiration and service.

Children who have elected to take the active destructive path to gaining attention usually do rather obvious negative things to gain attention (Dreikurs, 1948; Pepper, 1980). These children are quite frequently class clowns or family smart alecks. They use negative behaviors in a rather obvious, loud fashion to get attention. They may be silly, argumentative, overly active, easily distracted, or bullying.

Pepper (1980) described several different types of children who fit into this category. The show-off is the child who uses flamboyantly negative behavior to gain attention. He or she likes to shock people and may make statements simply designed to get attention. The obstructive child becomes a nuisance to gain attention and significance. The enfant terrible child purposely breaks rules of tact and convention to get attention. This child interrupts and says rude things. He or she may be witty, sly, and clever in interactions with other children and with adults. The walking question mark constantly asks questions, even though he or she knows the answer already. The unstable child gives up easily and constantly needs reassurance and bolstering, even though he or she is capable of doing many things. A child who is an active destructive attention seeker may, at one time or another, use any and all of these behaviors to gain attention.

Children who have elected to take the passive destructive path to getting attention are not quite so obvious as active destructive attention seekers (Dreikurs, 1948; Pepper, 1980). These children are frequently characterized as lazy or dependent. They may appear to be shy and use bashfulness to keep other people involved. They may be messy, perpetually late, or unwilling to do chores. These behaviors are passive techniques for gaining attention. Passive destructive attention seekers can also be children who exhibit a great deal of fear and anxiety, constantly needing reassurance and care. They often use eating difficulties, speech impediments, or reading problems to gain significance and keep people paying attention.

When adults interact with children motivated by attention, they feel mildly annoyed with them. Most of the time, adults give these children attention when they are asking for it—either positively or negatively. With constructive attention seekers, adults initially react favorably. As time passes, the children's constant need for involvement and attention begins to be a strain on the relationship. With destructive attention seekers, adults sometimes try to coax them into more appropriate behavior.

In response to correction, attention-seeking children temporarily reduce or eliminate the annoying behaviors. When others are paying attention to them, they seem to feel content and stop demanding interaction. However, when they stop being the center of attention, their anxiety escalates, and soon they resume the behavior that they typically use to gain attention.

In order not to support attention-seeking children's belief that they must be the center of attention, the Adlerian play therapist uses three main strategies: ignoring, giving attention, and interpreting. The therapist ignores these children when they are asking for attention in inappropriate ways such as being silly or overly attentive. By attending to them when they are not seeking attention, the therapist can encourage these children to explore other, more positive ways (such as the positive goals of behavior discussed in chapter 2 or working to develop the Crucial Cs) of gaining significance. The therapist can also metacommunicate about the purpose of children's behavior. This intervention strategy is most appropriate for the third phase of Adlerian play therapy as a strategy for helping children gain insight into the goals of their misbehavior.

Examples of metacommunication about the goal of attention:

- "You really want me to pay attention to you."
- "It seems like sometimes you're afraid that I don't like you if I'm not paying attention to you when we are together."
- "Sometimes I think that you really like for your mother to stay busy with you."

The ultimate goal of these strategies is for children to realize that they do not need to be the center of attention to belong or be important. With parents and teachers of attention-seeking children, the counselor makes suggestions about how to use these same techniques to help children generalize this idea to settings other than play sessions.

Power

Children whose goal is power believe that they only count when they are in control (Dinkmeyer & McKay, 1989; Dreikurs, 1948; Pepper, 1980). They believe that they need to be in control of themselves (and sometimes of other people and situations), and they believe that they must show others that they cannot be controlled. When they are not in control, they feel worthless and unimportant and try to regain power by any available means. Children who are seeking power to gain significance typically show the rest of the world faces that look self-confident and superior, sometimes even smug. This is not the way they really feel, however. These children have tried to gain significance in more constructive ways, have not achieved a sense of belonging by these means, and believe that they must try to achieve power to be safe and secure.

The primary distinction between the active and passive manifestations of power seeking is in the degree of energy children devote to their behavior. Active power children get into power struggles with authority figures and peers by arguing, fighting, contradicting, and acting with open defiance. Many times they use temper tantrums to get what they want. They may also tell blatant lies, cheat to win at games, and use other forms of dishonesty to stay in control of situations and other people. Passive power children get into power struggles by being disobedient, forgetful, manipulative, stubborn, lazy, and uncooperative. Passive children do not overtly challenge others but get their way in a passive–aggressive manner.

When adults encounter power-seeking children, they usually get angry at them. They tend to feel challenged or threatened by the children's need for control. Adults frequently react to this challenge by engaging in power struggles with these children, threatening them or preaching to induce them to comply with rules and structure. These strategies rarely succeed with children motivated by power.

When they are punished, power-seeking children tend to escalate their negative behavior. Active children work harder at being defiant, and passive children work harder at being passive aggressive.

In my experience, the child whose goal is power usually comes from a background in which one of three circumstances exist: (a) the child's family does not allow him or her to have reasonable or appropriate power and responsibility; (b) the child's family allows him or her to have excessive amounts of power and responsibility; or (c) the child's family is chaotic, disorganized, and lacking in a sense of structure and safety. I make a distinction among these three backgrounds because my intervention style in the play session will vary according to this underlying dynamic in the power-seeking child's life.

Background and play therapy intervention strategies for children who have too little power. Children whose families do not allow them to have any power at all feel a need to gain some modicum of control over situations and overcompensate by demanding power over all situations. These children's parents are usually overprotective or extremely rigid and authoritarian. The parents do things for these children that they can do for themselves, continuing to brush their children's teeth, dress them, cut their meat, choose their clothes, decide what they can do, where they can go, and who they can befriend. These children have few opportunities to exercise control over themselves and their lives, even when it is developmentally appropriate for them to have some limited power or responsibility. Because they are seldom allowed to make decisions, be responsible, or take control over even small facets of their everyday experiences, these children develop a need to control others, through manipulation or temper tantrums. They become so intent on gaining a small amount of power that every interaction becomes a power struggle, with the children determined to win and gain control.

My strategy with children who have too little power is to inundate them with control during our initial sessions and then to introduce gradually the idea that we will share the power. During our first sessions, I never make any decisions in the playroom. I leave all of the choices up to the children and constantly return responsibility back to them. I sometimes use the Whisper Technique discussed in chapter 5 to accomplish this.

Frequently, these children have negative reactions to having power shared with them because they are not sure how to deal with it and may even believe that this is some kind of a trap. I have had children scream at me that they cannot make the decisions, that I am the adult and it is my job to decide what happens in the play session. I have had other children simply refuse to make decisions and sit passively waiting for me to take charge. (These same children, if I showed a willingness to assume the control, would try to wrest the power away from me.) I metacommunicate about these responses, making guesses about how hard it is for them to trust me and to take responsibility for what happens in the session.

As the relationship develops and the children begin to feel more comfortable with having power as a matter of course, rather than a matter of force, I begin to ask them to share power with me. I want to convey the idea that they can be comfortable and safe in the session whether they are in charge or I am. To accomplish this, I suggest that we take turns making the rules for any games we play; I take role plays in different directions by not using the Whisper Technique; I set up a play scenario for us to enact. It is important to monitor children's reactions to this process to be able to reflect their feelings and metacommunicate about what is going on with them.

In parent consultation, I work with parents to teach them to allow their child to exercise age-appropriate control. Sometimes, parents do not have enough information on child development and simply do not realize what children should be able to do by themselves. When this is the case, I ask them to read child development books from a series by Ames, Ilg, and Haber of the Gesell Institute of Human Development. These books (e.g., *Your 5-Year-Old: Sunny and Serene* by Ames & Ilg, 1979, and *Your 7-Year-Old: Life in a Minor Key* by Ames & Haber, 1985) contain information about what to expect from "average" children at specific ages.

Some parents have difficulty sharing power with anyone else because of their own issues. I often refer these parents for personal counseling, but it is difficult to interest them in the counseling process because it would mean giving up some of their control. They may also resist learning new ways of interacting with their children. The most effective way I have found to induce power-seeking parents to share power with their children is to teach them how to give limited choices. This strategy allows the children to have some control over their lives but does not require the parents really to give up making all the decisions in the family.

Background and play therapy strategies for children who have too much power. Children with excessive power at home come to believe that they need to have that same amount of power in their interactions with others and the rest of the world. Parents of these children may have (a) a laissez-faire attitude toward parenting; (b) so many personal problems that they are absorbed in their own difficulties and do not have the energy to set boundaries and structure, which results in parentified children (children who are expected to play the role of a parent in their family); (c) such a strong need to please others that they are reluctant to set limits for their children; and (d) many anxieties, which tend to make them overprotect and inclined to pamper their children. These children make their own decisions about the various aspects of their lives before they are developmentally ready to make those choices. They often take care of themselves and perhaps several siblings. Sometimes they are pampered and expect others to comply with their every desire. When people outside their families do not allow them the control they have learned to expect from others, these children try to wrest that control away from them. This results in constant power struggles with authority figures, whom these children believe to be violating their right to be powerful.

In play sessions with children who have too much power, I establish egalitarian power sharing from the first session. This way, I let them know that they can give up demanding complete control over every situation and still survive and be happy. These children usually have a negative reaction to the idea that we are going to share power with one another, and they may try to engage me in a power struggle about it. My response to this is to use metacommunication about their goals and to avoid getting into power struggles with them. Examples of metacommunication with power-seeking children:

- "You want to change the rules so you can win."
- "It seems to be really important to you to get me to do it your way."
- "I'm thinking that you like to be the boss and tell me what to do."

One method for avoiding power struggles is to give choices and set up consequences (see chapters 4 and 7). This keeps our relationship democratic and allows children to have a degree of power without letting them control the entire situation. It is important to avoid taking the children's behavior personally and feeling challenged or threatened in any way. I remind myself that I (being an adult) have more freedom and choices in my life than children do, and I must remain calm and balanced in my interaction with them.

With parentified children, I make sure that I do not expect them to be overly responsible in our sessions. I frequently avoid asking them to help clean up the room, and I engage them in silly and childlike behavior. With pampered children, I avoid pampering them or lowering expectations for them. I want to convey my confidence that they can flourish without being overprotected or getting everything they want.

I work with the parents of children who have too much control on the parenting skills required to establish appropriate boundaries and structure. The parents particularly need to learn how to set up choices and logical consequences, how to determine problem ownership, and how to avoid getting involved in power struggles.

I work with parents on any personal issues that might be interfering with their parenting, or I refer them for personal counseling. I want individuals who are struggling with their ability to parent effectively to feel empowered and to begin to take on the parental responsibility rather than expecting the child to do this. To accomplish this task, I use encouragement and teach discipline skills. With parents who have personal problems and those who are trying too hard to please their children, I ask them to look at how their difficulties are affecting their relationship with their children. Parents of pampered children need to examine their purpose in pampering and to get additional information on the harm pampering can do to their children's development and self-esteem.

Background and play therapy strategies for children from chaotic families. In some families, children have no sense of safety or protection because the entire family is out of control. This may be due to mental illness, drug abuse, poor health, or alcoholism on the part of parents. In some cases, the chaos in the family stems from parents' lack of parenting skills and inability to set up the structure and routine needed to help children feel safe. Many of these families move through different social services, seeking stabilization but never finding it. For these children, the striving for control is a survival skill that they use to protect themselves.

My intervention strategies with children from chaotic families are similar to those I use with children who have too little power. At first I let them control all of the interactions in the play session, and then I gradually introduce the idea that they can be safe even if they are not in control. I want to provide a secure environment in which they can relax and enjoy playing and having fun just being children.

I sometimes make guesses about how it feels to be a part of a family in which there is little order or safety. When I do this, I am careful to avoid seeming critical of parents. This is actually not too hard for me because I believe that the parents in these families (and in all other families) are doing their best to function in ways that make sense to them.

It is difficult to have a major impact on chaotic families, partly because there are so many problems that it seems impossible to make any substantial restructuring. Family members resist help because change seems threatening to them. There are often so many overwhelming problems that family members do not seem to be able to learn enough or get mentally healthy enough to interact in a way that could facilitate effective parenting.

Although I believe that it is important to work systemically with these families, at times it seems more appropriate to teach the child survival skills and methods of gaining control over his or her environment that do not threaten or challenge other individuals. For example, with Lonnie, an 8-year-old boy whose mother is mentally ill, I might teach him how to recognize the signs that appear when his mother stops taking her medication and how to contact a responsible adult to care for him when this happens.

Revenge

Children motivated by revenge seek to get even or to punish others for pain or injury inflicted on them (Dreikurs, 1948; Pepper, 1980).

Revenge-seeking children have frequently experienced abuse of some kind—physical, sexual, emotional—or neglect, and they want to protect themselves in the future by striking out before anyone else has a chance to hurt them. They have felt so much pain in their lives that they want to hurt other people. In some situations, children have only experienced relationships as being painful and believe that the way to establish and maintain a relationship is to inflict pain. In other situations, children who are motivated by power but thwarted in their attempts to make things go their way, lash out at others to exact revenge for the perceived hurts resulting from their frustration. Revenge-seeking children feel that they are unacceptable, unlovable, and unwanted. Many times, these children believe that they deserve to be hurt and expect others to reject them, so they use a preemptive strike and reject others before they can be rejected.

There is an active form of revenge and a passive form of revenge, which manifest different types of behaviors. Children who engage in active revenge seeking are violent, malicious, and cruel. These children are frequently bullies who hurt other children and adults, either physically or emotionally. When they lose at games, they try to punish those who best them. Bed wetting and soiling clothes are sometimes exhibited by revenge children. Wetting the bed and soiling clothes can be metaphoric communication of children's feelings to the adults who clean up after them. Actively revenge-oriented children frequently steal favorite possessions of others to hurt them.

Children who are passively striving for revenge exhibit behaviors that are more subtle in their hurtful intent. They are frequently moody, pouty, threatening, or withdrawn. They may refuse to participate in activities or sabotage those they do join. The difference between passive power children and passive revenge children is intent. Power children want control, and revenge children want to hurt others.

Because revenge children are very good at acting on this intention, when adults encounter them, the adults usually feel hurt. Some adults react to this pain by withdrawing from the children to protect themselves, which provides support to the children's belief that they are unlovable. Other adults react to pain inflicted by revenge children by trying to get even with the children for hurting them. This also confirms the negative self-image of the children and further inflames their desire to get revenge and protect themselves from future hurts. Whenever they experience any kind of correction or reprimand, these children assume that the punishment is designed to hurt them. Their immediate response is to escalate their efforts to hurt others.

When I work with children motivated by revenge, I need to keep reminding myself that they are trying to hurt me because they have been hurt, not because they like to inflict pain on others. This helps me avoid taking their behavior personally and allows me to stay positive with them despite their efforts to push me away from them. Pepper (1980) noted:

> Dealing with the child bent on revenge constitutes one of the most serious problems for the adult. These children are inaccessible to reason. Convinced that they are hopelessly disliked and have no chance with the group, they respond with deep distrust to any effort to convince him [or her] otherwise. The adult is exposed to all kinds of very well-designed provocations to hurt her [or him] which makes it difficult for her [or him] to convince the child that he [or she] is worthwhile and can be liked. (p. 30)

Patience and consistency are the keys to play therapy with revenge-seeking children. Because they discount any attempts to encourage them for a long time, I exercise persistence without getting discouraged by their reactions. I convey respect and caring in all of my interactions with these children. It is important to make sure that limits are fair and predictable. When I limit, I pay even more attention than usual to keeping my verbal and nonverbal communication matter-of-fact and nonjudgmental. Even with these efforts, revenge children frequently assume that I am using the limiting process to further reject and hurt them. When metacommunicating about the goal of behavior to these children, I have to remember to keep any kind of emotion out of my voice and simply label the goal.

Examples of metacommunications about the goal of revenge:

- "I'm guessing that you are angry with me because you wanted to shoot the dart gun, so you're stepping on the dart gun to try to get me back."
- "Seems like you want to hurt that boy doll for what he did to the girl doll."
- "Maybe you think if you call me names that you will hurt my feelings and I will go away and not talk to you."

In circumstances in which parents or other family members are responsible for the child's feeling of hurt, I must first assure myself that any abuse or neglect is stopped. If the child is in a continuing abusive situation, it is essential to find a way to make sure the child is removed from the danger and moved to a place where she or he can feel safe and protected. In some cases, there is no proof that family members are hurting the child or letting the child be hurt, and the child protective agencies and court system are unable to protect the child. If this happens, the play therapy process will almost certainly not be enough to counteract the child's hurt.

Even in situations in which all parental hurtful behavior has ceased, repairing a damaged parent–child relationship is slow work. Parents must learn to be consistently supportive of the child, to limit without judgment, to resist provocation, and to gain an impersonal perspective on hurtful behavior. The child must learn to trust parents, begin to believe that he or she is lovable and important, and explore new and positive ways to gain his or her significance and keep safe from harm. My main function in this process is to encourage both the child and other family members, not letting them give up on one another or themselves. It is also important to give parents a place to vent their own feelings of hurt and frustration and to help them work on their own issues so that no further harm comes to the child.

In some families, even when parents were not responsible for any hurt inflicted on the child, the child acts out the need for revenge on them. This is often due to the fact that the child feels hurt because adult family members did not sufficiently protect her or him from harm. In some cases, the child does not feel safe in acting out negative feelings on the person who hurt her or him but does feel safe in acting out these feelings on nonoffending parents.

Proving Inadequacy

Children who are trying to prove that they are inadequate are truly discouraged. They protect themselves from the demands of life by avoiding activities in which they feel deficient (Dinkmeyer & McKay, 1989; Dreikurs, 1948; Pepper, 1980). Children sometimes decide that they cannot do things as well as (a) they want to, (b) other people can, or (c) they ought to be able to (Pepper, 1980). Inadequate behavior is usually passive (e.g., the child who will not try, gives up easily, or avoids the company of others), but the ultimate form of discouragement is active: suicide.

In certain families, parents have contributed to their children's negative self-images because of their own personal discouragement, which can take the form of neglect, overambition, pressure, pessimism, criticism, and impossibly high standards. Sometimes, however, children get discouraged by comparing themselves unfavorably to siblings or peers. In cases in which children have some type of challenging condition, such as learning disabilities, attention deficit hyperactivity disorder, physical disability, or mental retardation, their assessment that they cannot do as well as others may be accurate. However, in many of these cases, the resultant discouragement is disproportionate to the problem.

Adults who interact with children striving to prove inadequacy usually feel helpless, hopeless, and just as discouraged as the children. They do not know what to do to help the children, and even when they make attempts to intervene, the children either do not respond or respond in a passive way. Parents and teachers frequently give up on these children because they tend to get worse rather than improving. If really discouraged children experience failure or correction, they sink even deeper into their despair and give up even small attempts at success or progress.

In play sessions, most inadequate children refuse to engage in any kind of play for fear that they will not succeed. I am never critical of their inactivity, nor do I imply (in either my verbal or nonverbal communication) that I think they should be doing something. I seek out information about their assets, usually from conversations with parents and teachers because the children, themselves, do not believe that they have any strengths. Encouragement can bolster these children's feelings of competence. I especially look for circumstances in which they put out effort or improve in some activity. It is important to engage them in activities in which they can succeed. This requires low-risk toys or materials. Board games that depend strictly on chance, rather than skill, are sometimes helpful. Chutes and Ladders and CandyLand are examples of this type of play media. Finger painting and sand are also excellent intervention tools with this population because it is impossible to make a mistake with them.

Sometimes with inadequate children it is better to have the play session in a room with limited toys and activity choices. Because these children are easily overwhelmed and cannot imagine that they can successfully cope, the ideal playroom may be overpowering to them. If possible, I bring one or two low-risk items into a room with few distractions or opportunities for failure. Because these children are determined to reprove what they already believe about themselves, if the playroom contains potentially defeating activities, they seek them out to confirm their perceptions of themselves.

My primary tool with these children is unlimited amounts of encouragement and my personal belief in the potential of every human being, which I constantly communicate to the children and their parents. Sometimes metacommunications about their goals are also helpful, although these children seldom have any discernible reaction.

Examples of metacommunication with children striving to establish their own inadequacy:

- "Sometimes it seems like you just don't want to try anymore because you don't think you can do things as well as Joseph."
- "I'm guessing that it hurts so much when it doesn't work for you that you just give up."
- "You look like you wish you could do that, but you're afraid to try."

Most parents of children whose goal is proving their own inadequacy are discouraged themselves. My main job with these parents is to give them a great deal of support to keep them from giving up. Encouraging their efforts and improvements in parenting skills is helpful. I ask them to eliminate any of their behaviors that might be contributing to their children's discouragement and suggest more positive ways of interacting with the children. They must learn to recognize small increments of improvement in their children and to celebrate any type of risk-taking behavior on the children's parts. This is a slow, sometimes painful process, but, with support, these parents can learn to encourage their children, resulting in changes in the children's attitudes and behaviors.

PERSONALITY PRIORITIES

Kefir (1971, 1981, 1989) conceptualized a typology that she labeled *personality priorities* as one method of developing an understanding of lifestyle. She described the personality priority as a pattern of behavior and reactions that is based on a person's convictions about how he or she acquires belonging, significance, and a sense of mastery. Kefir (1981) believed that individuals use personality priorities as a means for coping with or avoiding impasses (perceived traumatic events) and achieving a sense of mastery over fear and feelings of inferiority. Her typology consisted of four personality priorities: controlling, pleasing, being morally superior, and avoiding.

Using Kefir's concepts as a foundation, Pew (1976) expanded the idea of the "number one priority," which he defined as "a manifestation of our self-created, self-consistent style of living, a theme which runs through all of our human transactions" (p. 1) or the usual mode of thinking about situations and conducting relationships with others. He suggested that it is important to look at the stressful experience that each person is working to avoid and the positive purpose he or she is striving to achieve. He labeled the priorities control, pleasing, superiority, and comfort.

Langenfeld and Main (1983) conducted a factor-analytic study to investigate the typology of personality priorities, developing a research instrument to measure the priorities posited by Kefir and Pew. In their study, they found five factors rather the four factors they had expected. They labeled these factors achieving, outdoing, pleasing, detaching, and avoiding.

In using the concept of personality priorities, I have combined the ideas of Kefir, Pew, and Langenfeld and Main. I emphasize both the avoiding of the negative aspect of each priority and the striving toward the positive aspect of each priority. I use the labels developed by Pew, but I add information from the study conducted by Langenfeld and Main and divide the control priority into two subcategories (those who are only invested in control of self and those who are invested in control of everything and everyone) and the superiority priority into two subcategories (achievers, who are interested in being the best that they can be without having a need to put others down in the process, and outdoers, who measure their own worth in comparison with others).

I think that all of us live our lives with a smidgen of every priority, so the division between people with different personality priorities is not always obvious or glaring. What I am looking for when I am investigating the lifestyle of the child (and when I am considering the lifestyles of parents, teachers, and so forth) is which one (or sometimes two, as I frequently see people having a primary personality priority and a secondary personality priority) of these priorities serves as an organizing pattern of coping with situations and relationships. As I think about a child's personality priority, I ask myself the following questions (adapted from Dewey, 1978) as a vehicle for discovering whether I believe that the person strives to belong, gain significance, and gain a sense of mastery through control, pleasing, superiority, or comfort:

1. What is this person striving to achieve in life?
2. What does this person need to feel that he or she belongs and is significant?
3. What does this person need to feel a sense of mastery of various situations in life?
4. What are this person's assets? What does he or she do well?
5. What is this person trying to avoid in life?
6. What does this person complain about? What does this person feel he or she lacks in life?
7. What happens when this person just cannot cope any longer?
8. What is the price this person pays for the way he or she interacts with others?
9. What is the price this person pays for the way he or she copes with problems?
10. How do others react to this person?

Control

Children whose goal is control gain their significance and sense of belonging and mastery by attempting to maintain control or show others that they cannot control them (Ashby & Kottman, 1998; Dewey, 1978; Eckstein & Baruth, 1996; Kefir, 1981, 1989; Pew, 1974, 1976). These children feel uncomfortable and powerless in situations and relationships in which they do not perceive that they are in control. They work constantly to avoid feeling or being out of control, because they are convinced that they must be in control to avoid dangerous or humiliating situations. Control children seldom have many friends and quite frequently experience high levels of anxiety, sometimes expressed in psychosomatic symptoms. Because of their powerful need for control, these children have trouble just letting go and being free and playing like other children—they do not feel comfortable just being kids. In their effort to stay in control, they frequently struggle with connecting and courage (especially those whose goal is control of the universe); they push others away and avoid taking any kind of risk. They may use tantrums, withholding, perfectionism, bossiness, or passive–aggressive behaviors to ensure that their striving for control is successful. These behaviors often result in them being rejected or avoided by other children and criticized and overpowered by adults. These children can be very powerful in appropriate ways as well. They are strong leaders, organized, responsible, productive, reliable, and persistent.

In the playroom, children whose personality priority is control are inclined toward getting into power struggles and testing limits. They want to be in charge and have difficulty sharing power. Frequently expressing their dissatisfaction with the play therapy process, they try to dominate the play therapist and control the unfolding of the relationship. Because this personality priority results in power being these children's goal of misbehavior, their behavior is the same as the behavior described in the section on power-oriented children. Again, it would be important to consider the dynamics of their family backgrounds and life experiences in thinking about these children and designing play therapy interventions for them.

The primary thing I have to remember with control personality priority children is that if I allow them to engage me in a power struggle with them, I have already lost control of the process. I have to stay centered in my own ability to control myself, avoid trying to control them, and never take their behaviors personally.

Depending on the child's background, I am going to establish that eventually (with some sooner, with some later) we will be sharing power in the playroom. I use limited choices with them (e.g., "Would you like to paint or draw a picture of your family?"). If I have an activity that I want them to do (such as a body outline or puppet show), we do what I want to do first and when we are finished with it (to my satisfaction), then we do what the child wants to do.

These children often refuse to answer questions verbally, so it becomes extremely important to watch their nonverbal reactions (which are usually minimal—after all these children are really good at control). Sometimes when they choose to remain silent in response to one of my questions or guesses, I just get silly, making up absurd answers to my own questions. If I do not overuse this technique, it is very effective because these children cannot resist setting me straight.

I want to encourage these children just to act like kids, not worrying about making mistakes or staying in control. After I have established a relationship with them and they trust me, I invite them to be more spontaneous and playful. We smear shaving cream on the tables, we put our feet in finger paint, we make T-shirts by splattering paint, we make potions, and so forth.

As always, I metacommunicate about their need to be control and their fears about what it is like when they are not in control. I also make guesses about the relationship between their need to be in control and the price that they pay in their relationships and ability to cope with problems. I give them feedback about how it affects me when they try to control me: Without judging or criticizing, I tell them how I feel when this happens. I encourage them for their assets and for any efforts they make to take risks and connect with others. I point out progress they make in their willingness to share power and work cooperatively with me and with other people in their lives.

Pleasing

Children who gain their sense of belonging and mastery by pleasing others believe that they can only gain acceptance and love by keeping others happy (Ashby & Kottman, 1998; Dewey, 1978; Eckstein & Baruth, 1996; Kefir, 1981, 1989; Pew, 1974, 1976). Pleasers do not feel confident of their own worth, and they constantly strive to gain the approval of others so that they feel accepted. Children striving to please seem to struggle with courage and believe that they do not count or that they only count if they meet conditions set by others (e.g., taking care of others to impress them with their worthiness as people; trying to be perfect to gain acceptance by others). Because these children fear rejection, they try to avoid anger and conflict by reading the minds of others and giving them "what they want." They also suppress their own anger because they are convinced that if they expressed frustration or hostility they would be rejected.

Pleasers seldom ask for what they need nor do they take the lead in relationships because they are afraid of rejection. They complain about a lack of respect and help from others and a lack of self-respect and self-confidence. The price that they pay for this priority is that they are highly anxious and take on guilt and responsibility for situations that they have not created (like war, famine, poverty, pestilence, and so forth). These children seldom get their own needs met, and even when they have great ideas, others tend to ignore them or take credit for their suggestions without acknowledging their contribution.

Initially, other people really like to be around pleasers. After all, they are kind, helpful, nurturing, reliable, responsible, friendly, and cheerful, willing to take on any tasks when asked. However, after a while, the anxiety of pleasers, their struggle with being emotionally congruent, and their constant need for reassurance tend to wear on relationships, resulting in irritation and avoidance. When this happens, pleasers interpret these reactions as rejection and redouble their pleasing efforts.

In the playroom, these children are compliant and cooperative. They are very careful to express only "positive" emotions, and when they do express anger or hurt, they do it covertly and try to retract it later. Pleasers spend a great deal of their interpersonal energy in hypervigilance, watching for the least little indication that they have pleased or displeased the play therapist and preparing to react with pleasing behaviors. They clean up the playroom before being asked, they ask permission to do any activity they would like to try, they apologize over and over again if they spill or break anything. Children striving to please others ask (both implicitly and explicitly) for approval and acknowledgment that they count. In their need to know that the play therapist approves of them, they tend to violate the play therapist's personal space, standing closer than other children stand. They also ask more questions about the relationship and more personal questions, striving to prove to themselves that they are important to the play therapist.

With these children, I use many of the techniques that I would use with children who struggle with the Crucial Cs of courage and count. Encouragement is a real key with these children, but it can be a double-edged sword. I want to let them know that I think they are wonderful and that my regard is unconditional; at the same time I want to convey that they do not have to do anything to gain my acceptance. To achieve this, I am vigilant in my avoidance of evaluative words with pleasers and carefully monitor my nonverbal communication. I reflect their feelings of insecurity about my reactions, and I use self-disclosure about my own struggles with being a pleaser. Using metacommunication to point out their checking for permission; their concealment of anger, frustration, or aggression; their needing to be physically close to me; their guilt for things they have no reason to be guilty about can be extremely helpful to these children. Just as with control children, it is fun to give permission to pleasing children to be silly and make mistakes—to play with sand or water, to make a mess and not have to clean it up. (Speaking of cleaning up, with these children, I often choose to leave cleaning up the playroom together out of my play therapy with them. It is quite liberating to pleasing children to have the freedom to just leave toys and art materials everywhere and walk out the door.)

During the reorientation/reeducation phase of play therapy, I teach pleasing children interpersonal skills in service of them getting what they want more often. We practice negotiation skills, assertive behaviors, procedures for asking for what they want and for saying no, and activities that involve expressing feelings that might not be socially "acceptable."

Superiority. Children who gain a sense of belonging and mastery through superiority strive toward perfection in everything they do (Ashby & Kottman, 1998; Dewey, 1978; Eckstein & Baruth, 1996; Kefir, 1981, 1989; Pew, 1974, 1976). They think they have to devote all of their (considerable) energy to achievement to be accepted by others, especially the important adults in their lives. Superiority children are running from their own strong feelings of inferiority. Those who tend toward outdoing compensate for these feelings by trying to prove that they are "better" than others. Those who tend toward achieving compensate for these feelings by being the "best" at whatever they do. Outdoers and achievers both want to avoid a sense of meaninglessness and futility.

Children whose personality priority is superiority work hard, have high standards for achievement, and have high levels of social interest; they are knowledgeable, idealistic, responsible, reliable, and persistent. However, they often struggle with feeling capable, believing that they count, and connecting with others. They may also lack courage, sticking to projects and relationships in which they are guaranteed success.

Because many of these children are very competitive or appear to others to be trying to set the bar for achievement at such an unreasonable height, other children (and adults) feel inadequate, inferior, or challenged. The price these children pay for working so hard at being "more" is a sense of being overworked, overinvolved, overresponsible, and overwhelmed. They complain of being overextended and overcommitted, lacking time or energy for fun. Because their standards for themselves are impossibly high, they spend an inordinate amount of time wondering, "Was that good enough?" and "Did I do enough?"

In play therapy, these children come into sessions as little adults, mature and serious about working hard to prove that they are more competent, more right, more useful, smarter, better at sports, better at games, better at stacking blocks or putting on puppet shows than anyone else. Achievers want to do better than they have done in the past, competing with themselves. Outdoers want to better than the other children who come to the playroom, the children in their class or neighborhood, their teachers, their parents, and their play therapist. They use accomplishments to get attention—so their play is usually designed to demonstrate their competence, and their stories about situations and relationships outside of the playroom are designed to illustrate their mastery of various skills. Superiority children interact with the play therapist from a "know-it-all" perspective. Even young children are experts on whatever their presenting problem or diagnosis is and want to show off their knowledge during play sessions.

The most important thing I must always remember (especially because one of my personality priorities is superiority) is that the best way to build a relationship with these children is to grant them their own areas of expertise and competence. I make sure to keep myself from getting into struggles with them about whether or not they know more about dinosaurs (or depression or hurricanes or…) than I do or are better at making clay sculptures (or building a tower or riding skateboards or…) than I am. They need to have a relationship in which they do not have to compete or prove themselves—in which they have inherent value just for being themselves.

Encouragement is important with these children, but presenting it is tricky. It is essential to communicate that I do not have impossibly high standards for them even if they do. I want to acknowledge their strengths while conveying that I will accept and value them even if they do not live up to their own high standards.

I use a lot of metacommunication with superiority-oriented children: talking about their need to prove themselves, their struggles with feelings of inferiority, their lack of willingness to try experiences that have no guarantee of success. I spit in their soup when they complain about being overwhelmed at the same time they are not willing to let go of being on the soccer team, ballet lessons, the after-school mentoring program, and so forth.

During third and fourth phases, I teach superiority-oriented children decision-making strategies designed to help them say no more often. I teach them cognitive techniques for stilling the self-talk that suggests that they are inadequate and methods for learning to delegate and ask for help. We practice saying "I don't know," "I am not sure how to do that," "This is good enough," and "I am good enough."

Comfort

Children with the personality priority of comfort seek peace, pleasure, comfort, and fun (Ashby & Kottman, 1998; Dewey, 1978; Eckstein & Baruth, 1996; Kefir, 1981, 1989; Pew, 1974, 1976). They hope to find others to care for and pamper them. Comfort-seeking children are easy-going, mellow, understanding, predictable, empathic, understanding, and nonjudgmental. They connect easily because they make few demands of others and mind their own business.

These children try to avoid stress, tension, responsibility, and making an effort. To minimize these negative factors in their lives, they set very low standards for themselves, dodging expectations from others, "excessive" effort, and responsibility. Because their standards are low, they set themselves up to struggle with the Crucial Cs of capable and count: They do very little to reinforce their belief in their own capabilities and they have little impact on others or situations, limiting their ability to feel as though they make a difference. They may also demonstrate limited courage, not wanting to try new things or take risks. Comfort children sometimes complain of their own lack of productivity and lack of achievement. Adults and other children frequently label comfort children as being lazy, stupid, lacking athletic or musical ability, or just too slow. These children often feel undervalued in relationships: They tend to believe that the strengths they bring to interactions and experiences are not appreciated by others. This is especially true when others express impatience, irritation, and boredom in response to the passivity of comfort children.

In play therapy, building a relationship with comfort children is quite fun. They are spontaneous and willing to try new things as long as they do not take too much effort. Their ability to go with the flow is pleasant and relaxing, and their willingness to follow the playroom rules is refreshing, especially if the play therapist has a caseload heavy with children whose personality is control.

Comfort children are usually willing to answer questions in the second phase of therapy. However, if they have to think about their answer, they frequently say that they don't know. They show very little interest in or curiosity about the questions or anything else the therapist wants them to do that will take energy. If the play therapist asks them to do a puppet show or a drawing, they often say that they would prefer less strenuous activities (like sitting on the pillows and running sand through their fingers). This lack of willingness to commit themselves fully to the therapeutic process may persist through the third and fourth phases (if they continue coming).

It is essential with comfort children not to get impatient with their need to take things slowly and to keep stress to the minimum. This means that I must tailor my requests so that they are quick and simple to accomplish. These are not children who are going to enthusiastically endorse building a fort or writing and illustrating a book. If I get impatient, irritated, or disapproving, these children will shut down and the relationship may be over.

I use encouragement to give them positive feedback on their assets and to acknowledge the least little bit of effort or improvement on their part. Returning responsibility to the child is an important skill to use with comfort children because they will try to enlist me in taking care of them and making decisions for them so that they do not have to strain themselves. By metacommunicating about their need for comfort and the consequences for their interactions with others and their sense of accomplishment, I can sometimes motivate them to reevaluate some of their choices or to make more of an effort in specific situations or relationships.

Depending on what I think about comfort children's Crucial Cs, I may use tactics similar to those I would use with children who are unsure about being capable or counting or those who seem to lack courage. Many times, discouraged comfort children are working to prove that they are inadequate. With these children, I use strategies similar to those described in the section of this chapter on working with children whose goal is proof of inadequacy.

LOOKING FOR PATTERNS

Although most of the time there is a pattern across different situations and relationships, children are not always completely consistent in their belief in the Crucial Cs, their striving for goals of misbehavior, or their expression of their personality priorities. For example, Lindsay might really feel capable at home but struggle with her confidence in her abilities at school; Alonso might strive for power at home and attention at school; Mulan might be pleasing with her parents and controlling with her teachers. The Adlerian play therapist must be alert to shifts in various settings and with different people and adjust therapeutic interventions accordingly.

Although I have presented the Crucial Cs, goals of misbehavior, and personality priorities as discrete systems for understanding children and designing play therapy strategies for working with them, this is somewhat misleading. You may have noticed that these concepts often overlap and frequently dovetail with one another. As you work with children based on the ideas presented in this chapter, you will begin to notice patterns across the systems because they are really complementary, not separate.

SUMMARY

The Adlerian play therapist must learn to recognize children's acceptance of the Crucial Cs, their goals of misbehavior, and their personality priorities to conceptualize their lifestyles and design play therapy interventions that are tailored to their needs. By understanding each of the Crucial Cs, the goals of misbehavior, and the personality priorities, the play therapist can choose specific techniques appropriate for play therapy and parent consultation for all four phases of Adlerian play therapy.

Chapter 4

CONSULTING WITH PARENTS AND TEACHERS

THE MOST INFLUENTIAL and important people in the social context of children are their parents and teachers. Consulting with parents and teachers is an essential component in Adlerian play therapy because these adults can have a significant impact on children and their lifestyles. Parents and teachers are invaluable sources of information about children's developmental history, learning styles, and interactional patterns. They can also provide support for changes children make during play therapy. As children learn new ways of viewing themselves, others, and the world and begin to develop new attitudes and practice more socially appropriate behaviors, parents and teachers can help them apply their learning to many different situations outside the play session. Quite frequently, parents and teachers need the counselor's help to move in positive directions in the way they view themselves and the children. They may also need to make shifts in their patterns of interacting with other adults and children.

Some children seem to struggle more with relationships and situations at home, some experience the bulk of their problems at school, and others struggle in both places. I base the focus of my consultation with important adults in the child's life on the initial reports of where the child seems to be experiencing the most negative feedback. With a child who is having difficulties with other family members but does not seem to be having similar difficulties at school, I might spend all of my consultation time with parents without consulting with the teacher, the school counselor, or other school personnel. For a child who is really struggling at school (either behaviorally or academically) but seems to be doing well at home, I might concentrate my consultation with teachers or other members of the school staff. If a child is experiencing problems in both settings, I will work to collaborate both with parents and school personnel to make sure that the child has consistent global support for any changes that he or she decides to make.

In my consultation with parents and teachers, I follow the same four-phase Adlerian model I use in my play therapy. Just as these phases—building the relationship, gathering information about lifestyles, helping clients gain insight into lifestyle, and reorienting/reeducating clients—are not discrete in the play therapy process, they are not discrete in the consultation process either. I continue to work on the relationship throughout the process, regardless of the phase in which we are working, simply because the relationship is the foundation for any changes that might occur during our interaction.

I gauge whether to overlap the other phases on the basis of the clients' readiness and needs. For instance, for the Browns, a family whose members are very discouraged, it might be very appropriate to teach the new skill of encouragement during the first or second session if I think that the parents would be responsive to this teaching and apply what they have learned with the child. I might make a guess about Mrs. Ajabu having pleasing as her personality priority early in the consultation if I thought that exploring how her personality priority was getting in her way might have a significant impact on her relationships with her students. However, I would wait until later in the relationship to do this if I believed that she would be more open to this feedback after we have developed more of a rapport.

PARENT CONSULTATION

Parent involvement is a really important component of Adlerian play therapy. Although children make progress even without parental participation, when parents are willing to be active partners in the process, changes are much more likely to be systemic and long-lasting. When children know that their parents care enough about them to make changes in their own behavior, it is easier for them to give up a defensive posture and enter wholeheartedly into the relationship with the play therapist. When parents are showing support for the positive changes they observe in their children, the children are often more willing to alter their attitudes and behaviors.

It is not always possible to involve parents in the play therapy process on a weekly basis. The configuration of the parent consultation will vary with each family and with the setting of the play therapy. Many school counselors and some agency counselors do not have the time or the resources to include parents in every session with a child.

To include parents in the process, these counselors might choose to have a 5- to 10-minute telephone conversation with parents every other week. For parents of children in play therapy, counselors might choose to conduct a parenting class based on Adlerian principles, such as *Raising Kids Who Can* (Bettner & Lew, 1996a, 1996b), *A Parent's Guide to Motivating Children* (Lew & Bettner, 2000), *Systematic Training for Effective Parenting* (Dinkmeyer & McKay, 1989), *Raising a Responsible Child* (Dinkmeyer & McKay, 1996), *Positive Discipline* (Nelson, 1987), *Teaching Parenting the Positive Discipline Way* (Lott & Nelson, 1995), *Practical Parenting: A Common Sense Guide to Raising Cooperative, Self-Reliant, and Loving Children* (Shapiro, Skinulis, & Skinulis, 1996), or *Active Parenting Today* (Popkin, 1993). Other counselors might decide to use a filial therapy model (Guerney, 1992, 1997; VanFleet, 1994, 2000) to train parents to build a stronger relationship with their children. By thinking creatively, counselors who cannot require parents to participate in the play therapy process can devise methods to include them.

Because I believe that the parent component of Adlerian play therapy is so important, I make ongoing parent consultation an integral part of the process. I see parents (one or both, depending on the family dynamics and practical considerations) as often as possible.

Tailoring the Parent Consultation to the Family

I tailor the configuration of the parent consultation on my clinical judgments about what would be most likely to meet the needs of the family. My preference is to meet with parents for at least one entire session before I even meet the child to begin to build a relationship with them and hear them talk about the presenting problem. After this initial session, I usually see parents for 20 minutes of the session and the child for 30 minutes of the session. Depending on my schedule and the schedule of the family, I may see the parents for 45 minutes and the child for 45 minutes, sometimes once a week and sometimes every other week. At other times, I combine the play session and the parent consultation, including the parents or other family members in a play session. With other families, I meet with the child for the entire 50 minutes of two or three sessions and then meet with parents for an entire session the next week.

There are many factors to be considered in tailoring the parent consultation to the needs of the family. Some important considerations are the willingness of parents to participate in the play therapy process, the marital status of the child's parents, the severity of the child's problem, the severity of any family problems, the parents' relationship, the parenting skills demonstrated by the parents, and the personal difficulties experienced by the parents themselves.

If the family is a two-parent family, I try to get both parents involved. Even in two-parent families, often the parent who calls says that the other parent is unwilling or unable to attend sessions because he or she is not interested, does not have the time, disapproves of therapy, or some other reason. In this situation, I often say that I want to contact the other parent directly. When I do contact the other parent, I say that I need his or her help in order to be able to help the child. I discuss the fact that both parents know the child better than I can ever know the child because I spend less than 1 hour a week with the child. I also talk about needing as many possible points of view to truly know the child, that I value both parents' perceptions equally, and that input from both parents is important to the child's growth. I also mention that I sometimes ask parents to do some things differently at home and I want both of them to hear my suggestions so that I can get feedback from all concerned parties. To honor their needs, I express a willingness to make reasonable accommodations and structure the parent consultation sessions according to their schedule and emphasize that they do not need to come to every single session. Few parents continue to resist some level of participation in response to a personal invitation from me in which I emphasize how important they are to the child and the child's progress.

If the child is in a stepfamily or joint custody situation, it is important for the counselor to at least meet any parents or stepparents who spend a significant amount of time with the child or have disciplinary power over the child. I have not found it productive to have repeated sessions with divorced parents who are still involved in custody battles or who are still conflictually enmeshed with one another. However, sometimes it is helpful to have one or two sessions that include all of the adults involved in the child's life to explain the process of play therapy and to stress the importance of consistency and communication for the sake of the child.

In many families, the problem really stems from family difficulties and not from the individual child who has been labeled as the "identified patient." When the family problems are minor, the parent consultation usually consists of encouraging the parents on the things they are doing well, making suggestions for minor adjustments in discipline and communication patterns, and helping parents learn to monitor changes in the child's behavior at home. With families in which there are more deep-seated problems affecting the child, the parent consultation is more complex. The counselor may choose to work extensively with parents and other family members or to refer the family for family therapy.

Some children have problems that stem from difficulties within the marital dyad. It could be that they are acting out the conflict in their parents' relationship or serving as a scapegoat or distraction for their parents. If the marital problems are minor, the counselor can use parent consultation to work with the parents on better communication and cooperation within the marital dyad as well as within the parent–child system. When marital problems are moderate to severe, the counselor should probably refer the parents for marriage counseling outside the play therapy context whenever possible.

In many cases, the difficulty stems from the parents' lack of parenting skills. There is no owner's manual that comes with having children. When children are born, parents have to learn how to discipline and provide the structure and routine necessary to young children. This is not an easy set of skills to learn. Parents may also lack communication skills and knowledge related to child development, both of which are very helpful in raising children. With families in which the parents are struggling with parenting, the parent consultation primarily consists of teaching the parents strategies such as listening skills, problem definition, goal recognition, consequence setting, and encouragement. The extent of the parents' needs in this area will dictate the intensity and the content of the parent consultation.

Some parents have personal problems that prevent them from interacting in a nurturing way with their children. They may have emotional problems, residual problems from being sexually or physically abused, struggles with drug or alcohol abuse, or other difficulties that preclude appropriate relationships with their children. Parents sometimes have family-of-origin issues that interfere with their ability to parent. Adults who have not resolved critical issues with their own parents often have difficulty devoting the necessary energy to their children. With these parents, if the problems are relatively mild, the counselor can do some personal counseling as a part of the ongoing parent consultations. However, some parents have such far-reaching difficulties that the time spent in parent consultation is simply not enough to have a discernible impact on the situation, and they need additional personal counseling.

It is always important to keep a distinction between personal counseling and parent consultation. Depending on the circumstances of the particular family, the counselor can see parents for personal counseling in separate sessions apart from parent consultation or refer them to another counselor. In some situations, counselors do not have the option of referring the parent for personal counseling. When this happens, it is essential that counselors constantly monitor their own boundaries and work to keep the child and the child's issues separate from the parents' issues.

Conceptualizing Parents' Lifestyles

Just as it is important to conceptualize children's lifestyles to optimize the play therapy process, understanding parents' lifestyles can help make parent consultation more effective (Kottman & Ashby, 1999). The therapist's thoughts about parents' lifestyles influence the content and the process of parent consultation. The therapist decides what to suggest to parents in the way of family changes and how best to approach them with recommendations and teaching based on the Crucial Cs and personality priorities of the parents. As parents' describe their lives, their relationships with others, and the child's presenting problem, the therapist gleans important clues about the parents' Crucial Cs and personality priorities from the parents' story and from his or her own affective response to the telling of the story.

In this chapter, I describe my own affective reactions to illustrate how to use the counselor's affective response to help recognize parents' Crucial Cs and personality priorities. You may have totally different reactions to certain of these lifestyle elements. The goal is for you to begin to notice your reactions and use them in discerning the different groups of parents so that you can adapt your parent consultation in response to the lifestyle of the parents.

Crucial Cs. Although Lew and Bettner (1996, 2000) did not discuss the application of the Crucial Cs to adults, I have found that considering whether parents have incorporated each of the Crucial Cs into their thinking about themselves can be very helpful in my interaction with them. In my process of developing an understanding of parents, I consider whether parents have developed each of the Crucial Cs and how their own incorporation of each C (connection, capability, counting, and courage) affects their relationship with their child and their child's lifestyle.

Parents who do not believe that they connect adequately or struggle with the skills necessary for making connections complain about the quality of their relationships. They feel a distance in their interaction with their children and often mention that they do not know how to connect with others, including spouses or ex-spouses. They often (a) have poor social skills, (b) lack the ability to foster social interest in their children or have limited social interest, and (c) struggle with ways to teach their children social skills. The children of parents who do not believe they can connect with others usually develop problems connecting because of these factors. Not having models for appropriate social skills or encouragement for the development of social interest, these children tend to struggle with making and maintaining relationships. Their presenting problems tend to cluster around friendship issues and getting along with others—both at home and at school. They often evidence attitudes and behaviors indicative of low social interest, manifested in their roles as social isolates, bullies, or social rejects with poorly developed positive social networks.

My usual affective response to these parents is a feeling of disconnection. I often feel sorry for them because they seem to struggle with connecting, but other than that I have a sense of being in the same room but not together with them. I do not feel drawn to building a relationship with them and really have to work on making connections. Depending on how much effort I have to put into the relationship, I may begin to resent their seeming lack of effort toward making a contribution to the interaction. It is essential to monitor my affective response to these parents so that I can stay positive about the relationship.

Parents who doubt that they are capable have strong feelings of inferiority, especially related to their parenting skills. These parents often report that they have consulted many professionals in search of a magical formula that will solve any problems experienced by the child. The complaints of this group of parents tend fall into two dichotomous categories. They either express extreme self-doubt in the area of parenting and assume exclusive responsibility for their children's struggles or overcompensate and develop a sense of arrogance and challenge about their children's problems to protect themselves from their feelings of inadequacy. Those who blame themselves for their children's problems express concerns about their own parenting skills, attributing their children's problems to their own lack of ability. These parents often describe themselves as failures, in many different roles and situations (e.g., as parents, as employees, as partners). Parents who are overcompensating for their worries about whether they are capable tend to go toward the other extreme—blaming the child, their ex-wife, the child's teacher (etc., etc., etc.) for the problems the child is experiencing.

The children of parents who do not believe that they are capable usually struggle with similar issues as those of their parents. Their presenting problems often fall into the category of underachieving: They do not do well in school, they have problems with motor skills, and they are generally inadequate. These behaviors stem from a lack of belief in their own abilities. Children who do not believe they are capable are not capable.

Parents who blame their own lack of skills for their children's struggles tend to evoke a protective sense in me—I want to help them to feel unashamed and adequate. I also want to jump in and teach them skills so that they will stop doubting that they are capable. Neither of these reactions is particularly helpful. I need to remember that it is disrespectful to try to take feelings (even those that are not constructive or useful) away from clients; it is much more helpful to acknowledge those feelings and help clients decide whether they wish to learn new ways of thinking about themselves. I must also keep in mind that no matter how many lessons I give in parenting skills, these parents will not successfully apply them until they have made some shifts in their willingness to believe that they can be capable. Encouragement is a tool that will help to prepare the way for their learning and applying new parenting skills.

With parents who blame others as a way of compensating for feelings of inferiority, my usual response tends to be defensive. Either I want to defend the child or the spouse or the teacher or myself—whoever is the focus of the parental wrath. It is often helpful to remind myself that these parents are doing the best that they can. I must avoid responding to their overcompensation as much as possible, because debating about who is to blame is seldom helpful. It is much more constructive to acknowledge the underlying feelings and encourage these parents for what they are doing well rather than pointing out that once again they have provided evidence that they are not capable.

Parents who do not accept that they count also fall into two separate camps: those who present themselves as having little or no impact on their children, in their families, or on the school and those who try to make sure they count by overpowering everyone else. Those who have given up the possibility of being significant report that others do not take them seriously or hear what they have to say. In the initial interview, these parents frequently report that they do not know anything about their child and cannot answer questions about daily routine, friendships, and so forth. These parents usually describe their reasons for bringing the child to therapy as being connected to the demands of others—the school recommended it, the child's grandmother insisted on it and she is paying, and so forth. They often decline to engage in the process of generating therapeutic goals for the child. Their belief that they have little or no significance undermines their ability to assume responsibility, so they abdicate the possibility of having power or influence in regard to their child.

My affective response to these parents varies. Sometimes I want to hop on a white horse and ride out to be their champion, making sure that everyone who comes into contact with them is forced to acknowledge that they are important, that they do count. Sometimes I get discouraged listening to how little influence and power they have, and I want to just roll up in a corner and give up. Sometimes I get frustrated with their willingness to abdicate their right to be important in their child's life, and I want to do something to force them to give up their powerless stance. None of these initial responses is helpful for parents who do not believe that they count. Instead, I need to remember to encourage, encourage, encourage with my acknowledgment of their potential for making their child's life better.

Other parents overcompensate for their doubts about their own significance by demanding attention and trying to dominate others (their children, school personnel, the play therapist), presenting their viewpoints in an extremely forceful manner in an attempt to feel significant and ensure that they count. These parents always have extensive knowledge about what happens on a daily basis with their children, and they have heated opinions on therapeutic goals and how to achieve them.

Often my affective response to these parents is a feeling of being threatened in some way by them, compounded by a desire to show them that they are not quite as significant as they are pretending they are. This sense of challenge is an important cue for me—it means I must keep in mind that there are doubts underneath the overcompensation. It is impossible to be helpful to parents when I am feeling threatened by their desire to be significant in their child's life. I have to use self-management to stay empathic and respectful with these parents.

Parents who lack courage feel inadequate and unsure of themselves. They are extremely discouraged by the challenges of parenting. They describe their lives as bleak and defeating. They seldom take risks and tend to give up without trying. As they describe their struggles or the difficulties faced by their child, they may blame others, taking little or no responsibility for their part in the situation. When they are challenged or confronted with a situation they do not know how to handle, they usually shut down, refusing to attempt a solution. These parents often come to play therapy expecting the therapist to fix the problem with no input or effort from them. In discussing the presenting problem, parents who lack courage usually list behaviors that suggest their child lacks courage as well. By modeling feelings of inferiority, hopelessness, and utter discouragement, these parents may be inadvertently teaching their children that there is no way to courageously cope with life's problems.

It is very discouraging to listen to parents who lack courage. They seem to have an aura of hopelessness that is contagious. I often feel defeated and powerless as I listen to them, or I may have an urge to fix the problem for them so that they will feel better. Neither of these reactions is particularly helpful. It is important to remember that parents who lack courage can learn to take risks and learn to do things even though they are afraid. If I get so discouraged that I feel nothing will help their situation, then I will just add to their lack of courage. When I take on the responsibility for single-handedly making everything better for them, I do the same thing. I need to keep myself from catching their discouragement and remember that my most powerful tool with them is encouragement—acknowledging effort and small improvements.

Personality priorities. Parents' personality priorities are a major influence on their style of parenting and their relationship with their children (Kottman & Ashby, 1999). As the therapist listens to parents describe their own lives and problems exhibited by their children, the parents' personality priorities are often evident, as there are patterns of complaints described by each of the personality priorities. When discussing appointment times and therapeutic goals, parental personality priorities are also often evident. As with the Crucial Cs, the therapist can also use his or her affective response to parents as a guide for determining their personality priorities. I always consider the possibility that parents have a primary and a secondary priority.

Parents with control as a personality priority tend to describe their world as "out of control." They often characterize their relationships in terms of making sure that they have control over others (e.g., children, spouse), control over situations (e.g., how things go for the child at school), or control over themselves. They frequently express feelings of anger and fear because it is impossible to achieve control over the various elements of their lives. Controlling parents use words like *disrespectful*, *disobedient*, *lazy*, *uncooperative*, *bad-tempered*, and *inappropriate* to describe their children. In discussing appointment times and goals for therapy, these parents are seldom willing to be flexible, demanding that schedules and therapeutic strategies accommodate their needs and desires.

Interacting with control-oriented parents, I often have the feeling of being powerless and "out of control" because of my reaction to their need to establish dominance. I frequently feel frustrated or annoyed by these parents' need to control all of their relationships and life circumstances. It is important for me to manage my own emotional reaction, to avoid getting drawn into power struggles, and to keep myself from feeling controlled by them.

Pleasing parents experience high levels of anxiety about their child's behavior and self-esteem. They also doubt their parenting skills: They may feel that they are not capable or that they do not count. Pleasing parents describe their lives in terms of their frustrated attempts to make sure that everyone else is happy. They often report that their spouse complains about their unwillingness to follow through with consequences or inability to be strict in their approach to discipline. Pleasers often get "constructive" feedback about their parenting or their child's behavior from friends, relatives, the child's teacher, and others. Because they work to avoid rejection or anger, this can result in a pampered child who has too much power. Pleasing parents often describe their child as being (a) demanding and overpowering; (b) overly aggressive and tyrannical; or (c) extremely anxious, easily overwhelmed, and lacking courage. They are always willing to work their schedule around the therapist's timetable, often offering to change other appointments to accommodate the therapist. In discussions about therapeutic goals for their children, pleasing parents are often very unsure of what they want. They tend to avoid committing themselves to a particular set of therapeutic goals or rely on others (a spouse, the play therapist, a grandparent) to determine the desired outcomes of the therapeutic process.

I really like pleasing parents—after all, their strongest desire when they are with me is to keep me happy. What is not to like about that? I am especially empathic as they are describing their constant struggle to please others. After a while, though, I get frustrated by these parents' unwillingness to take a stand with their child and with the other people in their lives. I believe that it is really important to follow through with consequences and to take responsibility for saying no when it will be in the best interests of the child (even though this is often difficult for me to do with my son Jacob, being a pleaser myself). It is essential when I work with pleasing parents to remember that these parents tend to believe that they count conditionally and they need my unconditional acceptance. Having my support for taking a powerful stand with others without any disapproval from me if they do not always succeed can create a relationship in which pleasing parents can learn that they are capable and they do count.

Parents whose personality priority is superiority often struggle with the admission that they need to consult a counselor at all. Their description of their lives frequently sounds like a fantasy of perfection—except for this tiny fly in the ointment connected to their child. Superiority parents usually have very high standards for themselves and for their children. Their complaints related to the child often stem from the child's inability to live up to these standards in some way (e.g., failing or underachieving in school, being overly anxious socially, or not having enough friends). These parents frequently believe that letting anyone else know there is a problem or asking for help is an acknowledgment of their own vulnerability or an admittance of the possibility that they really are inferior in some way to others. To compensate for their feelings of failure connected to the problem, these parents gather information about the child's problem or diagnosis so that they can become experts in this area. Their reactions tend to be similar to those experienced by parents who struggle with being capable or significant. They either blame themselves, experiencing large doses of doubt and guilt, or blame someone else (e.g., their child, the teacher, their spouse), spreading large doses of recrimination. In some cases, these parents deemphasize the extent of the problem and discount the input from others about their child. Some superiority parents exaggerate or exacerbate the problem so that they can prove that their child is worse than all the other children. If they cannot guarantee that they will win the prize for "Best Child" or "Best Parent," they rig the deck so that they are a shoo-in for "Worst Child." The tendency of these parents is to establish their superiority over the therapist right from the start. They often spend the first phone call or the first session interrogating the therapist about his or her qualifications to work with their child, and they frequently want to dictate therapeutic goals with no input from the therapist.

I have to confess that my initial reaction to superiority parents is a sense of challenge. Because my secondary personality priority is superiority, I would like to prove to them that (even though they are pretty superior) I am even more superior than they are. I can also become intimidated because they really do know more than I do about their child's particular problem. These reactions are not helpful, however. Again, I must exercise self-management in my reaction to these parents. (Are you detecting a theme here?) It is not helpful to get into a contest about who is the biggest expert. Providing my credentials and a description of any areas of expertise I might have and admitting the areas in which I have no expertise in a matter-of-fact way is actually the best approach to questions about my qualifications. Remembering that these parents are struggling with worries about their own competence and providing unconditional, empathic understanding and encouragement work much better than being defensive or overpowering.

The primary complaint of comfort-oriented parents is that parenting is too much work. Being a parent takes time away from their ability to do what they want to do with their lives, which is usually to relax and have fun. These parents have a strong need to avoid tension and stress, and being a parent may be uncomfortable to them because it involves a certain amount of stress even with a child who is not experiencing difficulties. Having a child with problems increases stress levels exponentially. Comfort parents often report that raising a child takes much more energy than they anticipated, and they feel that they cannot comfortably invest the work that it would take to do a good job being a parent. They do not like setting limits or providing routine or structure so they tend to parent from a laissez-faire perspective. This frequently causes problems because their child may be running wild or turning into a couch potato. The child may also be failing school, acting in hostile or overly aggressive ways with other children, refusing to do schoolwork, or rebelling against rules and structure. Comfort parents seldom recognize any of these conditions as a problem. They frequently see themselves as their child's buddy—someone who can share the fun aspects of childhood without the responsibilities of parenthood.

The complaints of others (e.g., teachers, spouses, principals, mothers-in-law) sometimes become so stressful to them that they decide to take action and bring the child to play therapy. However, they often do this with the caveat, "fix my child, but do not expect me to make any changes." These parents have difficulty finding times that are convenient for bringing the child to therapy because therapy is uncomfortable and inconvenient. They seldom have concrete and specific therapeutic goals, because they really just want parenting to be easier, the child to not be so much trouble, and other people to leave them alone.

Comfort parents are usually delightful people. They are fun, spontaneous, and easygoing. My initial reaction to consulting with comfort parents is appreciation for their ability to go-with-the-flow. I also like their honest enjoyment of the wonderful things about children and childhood. However, as the relationship progresses, I find myself feeling frustrated at what I perceive as comfort parents' unwillingness to do the work to become better parents. It is essential that I not get caught up in my need for them to make progress and make progress quickly. I also cannot take on the responsibility of providing the energy or impetus for change for them. I need to look at small efforts and evidence of small successes, and I need to have the patience to let them motivate themselves rather than trying to provide the motivation for them.

Stages of the Parent Consultation

The Adlerian play therapist spends the first part of the consultation process building a relationship with parents, working to establish a cooperative partnership whose purpose is optimizing the atmosphere, attitudes, and interactions in the environments in which the child lives and learns. During the second phase of the consultation, the therapist gathers information from parents about the child, family members, school personnel, and the child's world (e.g., neighborhood, friends, church). As the therapist becomes familiar with the child's lifestyle and the lifestyle of the parents, he or she develops conceptualizations of the child and the parents that includes information about Crucial Cs, goals of misbehavior, personality priorities, mistaken beliefs, private logic, and assets. Based on these conceptualizations, the next step is the design of a treatment plan for the play therapy process with the child and for the consultation with parents. (See chapters 8 and 9 for a complete description of gathering information, developing conceptualizations, and designing treatment plans.) During the third phase of the consultation, the therapist uses various techniques (e.g., spitting in the soup, making guesses about lifestyle patterns, and metacommunicating about underlying messages in their interactions with the child) to help parents gain insight into their own lifestyles and into the lifestyle of the child, with the intent of helping them make shifts in their attitudes toward themselves, the child, and their relationship. As the parents make transitions in perceptions and beliefs, the therapist moves into the fourth phase of the consultation—reorientation/reeducation—in which he or she teaches parenting skills (e.g., communication skills, problem-solving skills, and encouragement skills) and helps the parents develop a sense of renewed confidence about their ability to parent the child.

During each of the four phases, the counselor may decide to adjust the approach to the parents on the basis of parental Crucial Cs and personality priorities (Kottman & Ashby, 1999). As the counselor builds the relationship, it is often useful to customize the explanation of the play therapy process and the benefits of play therapy. Taking the lifestyle of the parents into account in choosing strategies for building a relationship can also be helpful. By adapting the questioning strategies in the process of gathering data about the child's lifestyle and parents' lifestyles during the second phase, the counselor can often increase the depth and the amount of information available. Asking questions in a form designed to complement parents' style of communication, the counselor will be less likely to evoke a defensive reaction. The counselor can also use parents' Crucial Cs and personality priorities as the basis for his or her approach in the third phase of the consultation. It is possible to present inferences about lifestyle patterns in a way that enhances the probability of the parent hearing and accepting the feedback. During reorientation/reeducation, the counselor can keep elements of parents' lifestyles in mind when formulatining recommendations about which parenting strategies would be helpful and what issues might be getting in the way of their parenting.

Building the relationship with parents. The Adlerian play therapist begins to involve parents during the initial telephone conversation. During this first interaction, the therapist asks for a brief description of the present difficulty and the history of the problem. This is also the time for discussing the practical aspect of the therapy process, such as how much it will cost and the time, day, and length of the play therapy sessions. The therapist also gives parents a brief explanation of the rationale and process of play therapy and answers any questions before setting up the first appointment, which is usually designed as a parent consultation without the presence of the child. The play therapist listens for clues about parental lifestyle factors that can affect the relationship between the parents and the child, the family atmosphere, discipline patterns, and so forth. It is important for the therapist to begin forming hypotheses about parents' Crucial Cs and personality priorities so that an understanding of these personality dynamics can inform the process of parent consultation.

During the first session with parents, the play therapist asks them to further elaborate about the presenting problem, to describe any attempts the family or school has made to remedy the problem, and to discuss possible goals for the therapeutic process. In this session, the therapist often explains the importance of the parents and other family members in the formation of the child's lifestyle, without implying blame.

It is important during the first session to explain the necessity of involvement by parents and other family members in the therapeutic process. If the problem seems to be home-based, the therapist discusses the fact that the solution will probably involve the entire family working together—changing the way they interact with each other and learning to support the identified-patient child. This will mean that some sessions of play therapy will just be for the child, but others will involve various family members—sometimes one parent, sometimes both parents, sometimes a sibling or two, sometimes the entire family. If the problem seems to be school-based, the counselor discusses the fact that the family will need to support changes that the child is making at home and that the parents may have to act as child advocates with school personnel. Parents need to hear that their involvement and their willingness to change their own attitudes and behaviors send a key message to the child. They also need to understand how essential the role of encouraging the child's progress is and the importance of reinforcing the lessons taught by the play therapist for long-lasting changes to occur.

Many parents who bring their child to counseling feel that the very fact that their child needs help suggests that they have failed in their parenting. Sometimes these feelings of inadequacy can interfere with their willingness and ability to form a collaborative partnership with the therapist. With these parents, it is absolutely essential to establish rapport and a sense of shared responsibility before moving into making suggestions about parenting strategies or other interventions from the third and fourth phases of the consultation.

To ensure that the relationship with the parents develops in a positive direction, the counselor uses skills that are similar to the skills used in building a relationship in play therapy. (See chapter 5 for skills for building the relationship with the child.) The counselor actively listens to parents, paraphrasing, summarizing, and reflecting feelings so that parents feel heard and understood. Often, having someone really listen to family members eases tensions in the family and relieves guilt or negative feelings about the necessity of consulting a helping professional. By asking questions and providing encouragement, the counselor conveys interest and caring to parents. Because it is really too early to give advice to parents (even if they solicit it, they are seldom really ready to make major changes in attitudes or behavior this early in the process), it is sometimes necessary to return the responsibility to the parent by asking, "What do you think you should do?" or saying "I bet you could come up with some ideas you could try."

In describing the benefits of play therapy and parent consultation, the counselor can base his or her description on parents' personality priorities (Kottman & Ashby, 1999). With parents whose priority is control, it is often productive to explain that the process can help parents feel more in control of themselves and of their lives. This explanation is both accurate and reassuring to these parents. For parents whose primary priority is pleasing, the counselor can emphasize that the desired end result is a happier, more balanced child and a family whose members experience smoother communication, more cooperation, and reduced tension. In explaining the expected outcome to superiority-striving parents, the counselor can stress the previous accomplishments and expertise of the parents and suggest that play therapy and parent consultation can enable the parents to continue that trend and assist family members in enhancing their ability to meet parental standards. The description of the benefits for comfort parents should focus on the potential for life becoming less stressful and parenting becoming easier and more fun.

As the play therapist works to build the relationship with parents, it will also be useful to take the parents' Crucial Cs and personality priorities into account. With parents who do not easily connect, the play therapist must budget extra time for the first phase of the consultation, making sure that parents feel a sense of attachment to the therapist before going any further in the process. With parents who do not feel capable and those who do not believe they count, it is important for the play therapist to use a lot of encouragement during this first phase, acknowledging the things that the parents do well and the places in which they have made a difference in the lives of their children. With parents who lack courage, the therapist would do well to remember to proceed slowly with the process of building the relationship. These parents often perceive relationships as risky. They do not make relationships easily or quickly, and the therapist will need to be patient with them.

Controlling parents are highly sensitive to the possibility that the therapist is trying to control them and that the consulting process might lead them to doing something that would be embarrassing or mistaken (Kottman & Ashby, 1999). They are distrustful of the therapy process, so it is imperative to go slowly to gain their trust. When they try to control the therapist, it would be wise for the therapist to remember that these parents are actually afraid of not being in control because they perceive that experience as being out of control. The therapist must avoid telling these parents what to do, as they will react very poorly to advice or directives.

With pleasing parents, the best way to build the relationship is to serve as a source of encouragement (Kottman & Ashby, 1999). The therapist enters the relationship as a person who is positive, supportive, and relatively easy to please, someone who is not going to be angry or reject the pleasing parent, no matter what. This will give the therapist the leverage later in the consulting process to be able to serve as a counterbalance for any negative reactions these parents get from their child and other important people in their lives as they begin to believe that they can be more assertive and stand up to others.

The process of relationship building with parents who strive toward superiority proceeds more smoothly when the play therapist keeps in mind that they are acting in ways designed to help them cope with strong feelings of inferiority (Kottman & Ashby, 1999). The play therapist must not let himself or herself feel threatened or challenged by these parents. For successful consultation, the therapist must provide them with empathy, encouragement, and support rather than getting into a contest about who knows more or is more qualified. By acknowledging the expertise and assets of superiority parents, the therapist can establish a very strong therapeutic alliance with these parents.

The key to a successful relationship with comfort parents is being relaxed and keeping interactions free of pressure (Kottman & Ashby, 1999). By interacting in a way that is gently positive and making sure to avoid overwhelming them by being too enthusiastic or energetic in the interaction, the play therapist will successfully connect with these parents. The therapist can then use this relationship as a way to motivate comfort parents to make efforts that are not always comfortable for them.

Gathering information from parents. During this phase of the consultation, the play therapist gathers information from parents about their perceptions of (a) the history of the child's development; (b) the child's lifestyle; (c) the parents' lifestyles; (d) the lifestyles of other important members of the family; (e) the child's interactions with family members, other children, and pertinent school personnel; and (f) any other information that the therapist would consider necessary to develop an understanding of the intrapersonal and interpersonal dynamics of the child, the parents, and other relevant individuals in the child's life.

The counselor uses this information as a basis for teaching parents new ways of perceiving and interacting with the child. The counselor often reframes the child's behavior to help parents see the behavior in a different, more positive light. An altered perception of the child helps parents and other family members react differently to the child's behavior. Their new knowledge, along with positive discipline methods, can give parents increased choices for responding to the child in ways that do not confirm mistaken beliefs and negative lifestyle patterns. The data from the parents can be invaluable to the counselor in choosing appropriate parenting skills to teach, thus minimizing parental resistance.

While it is often necessary to allow parents to vent their feelings of frustration and helplessness about the presenting problem, after an outpouring in initial sessions, the focus should shift so that only a few minutes in each consultation are devoted to discussing the presenting problem and any developments related to it. It is important to avoid having the presenting problem as the primary focus of information gathering because the counselor does not want to encourage family members to continue defining the child in terms of the presenting problem.

Related to the child, the focus in the information-gathering process is on how parents perceive (a) the ways the child gains his or her significance in the family; (b) the patterns of interaction between the child and other family members; (c) the child's ideas about himself or herself, others, and the world; (d) the child's behaviors, attitudes, and motivations; (e) the child's assets; and (f) the child's methods of coping with problems. To figure out the themes woven into the fabric of the child's life, the counselor asks parents to describe the developmental history of the child. Information is also solicited on the birth order position of each of the children in the family and the personalities of and relationships between the children. It is sometimes helpful to have parents rate the children in the family on such qualities as intelligence, helpfulness, materialism, and selfishness. This helps the counselor to begin to understand how the child's psychological position in the family affects the child.

Asking about the daily routine, the child's responsibilities, and how the child copes with difficult situations helps the counselor begin to understand possible goals of misbehavior, personality priorities, and Crucial Cs. Questions about behaviors that annoy the parents, how they respond to those behaviors, how they feel when the behaviors persist, and how the child reacts when he or she receives reprimands for inappropriate behaviors help the counselor formulate hypotheses about the child's goals.

It is important to ask parents if any kind of event or circumstance that could adversely affect the child has occurred in the child's life. Most parents do not realize that events such as the death of a family member or pet, divorce, an earthquake, or circumstances such as having an alcoholic or mentally ill family member can have long-lasting consequences for children. The counselor may have to ask specific questions, giving many examples of the types of events or circumstances that could have an impact on children.

Related to the parents, the focus is on how the parents perceive (a) their marital relationship; (b) their own childhood and place in their own family of origin; (c) the patterns of interaction between the parents and other family members; (d) the ideas about themselves, others, and the world; (f) their attitudes toward each of the children; (g) their ability to parent; and (h) their views on and strategies for discipline. The answers to these questions give the counselor a perspective on the family atmosphere and on the relationships within the family.

Appendix D contains a list of questions that I use in gathering data about children and their parents. I do not use all of these questions with every parent. I pick and choose my questions to ensure that I gather the information I believe will assist me in understanding each particular family.

In thinking about adapting the questioning strategies according to parental Crucial Cs and personality priorities, it has been my experience that it is often helpful to remember where the parents' emotional vulnerabilities and trigger points are. With parents who do not connect with others and parents who lack courage, I have found that it is actually better to be very matter-of-fact and orderly about asking the questions. These parents actually seem to prefer me to bring in a clipboard with questions and a pen to take notes. The routine of rather impersonal question-and-answer sessions seems reassuring to them because they do not have to take many personal risks in such an interaction. These parents often say that they do not know the answers to questions. With parents who struggle with connecting, this may be due to the tenuousness of their connection with the child; with parents who lack courage, this is usually due to their unwillingness to take a stand by asserting that they actually know things. Sometimes it takes the pressure off these parents if I ask them to take a guess about the answer or tell me what they think another person who was observing the family or a valued friend or relative would say in response to the question.

Parents who feel that they are not capable or that they do not count are often intimidated by the "just the facts" impersonal approach, so I am much more conversational and casual with them, interspersing my questions with encouragement and letting them tell me stories about things that happen in their lives. They are often worried that I will discover their weaknesses as a parent, so they tend to equivocate when they answer. If I want more details, I have to be very careful to avoid sounding accusatory or too serious about needing specifics so that I can maintain the warmth and unconditional nature of the relationship. Taking notes is important with parents who believe that they do not count. This conveys that I value their input highly and believe that they are significant influences in the lives of their children.

For parents whose primary priorities are either control or superiority, I balance being organized and undemanding in the information-gathering process (Kottman & Ashby, 1999). There is a fine line between evoking their defensive posture if they think I am being too demanding or too controlling during the interviewing process and provoking their impatience if they think I am being too casual or not following some kind of procedure for structuring the interview and organizing the information I gather. They will usually try controlling the focus and flow of the questioning and often have questions of their own, to make sure that they get a chance to exhibit their extensive knowledge. I make sure that I get all my questions answered without getting into a power struggle with them about how the interviews go, and I take notes to assure them that what they are saying is important. I also answer their questions without getting defensive, and I model the courage to be imperfect by telling them that I don't know when I don't (something that is very difficult for me to do). These parents prefer to protect their own vulnerabilities by focusing exclusively on information related to the child and the child's problem, so it is sometimes difficult to get them to answer questions about themselves and their lifestyles. Patience, persistence, and the indirect approach are often necessary in this process.

When I work with parents whose primary priority is pleasing, I weave my questions into the conversation, emphasizing my gratitude for their cooperation (Kottman & Ashby, 1999). These parents are hypersensitive to criticism, so I am always careful to avoid communicating anything that would trigger a defensive reaction. Because they seldom get their own needs met, pleasing parents usually love this part of the consultation process because they get to have someone listen to their experiences with empathy and acceptance.

For parents with comfort as their primary priority, I am always laid-back, gathering information slowly in a low-key manner (Kottman & Ashby, 1999). These parents respond most readily to a relaxed atmosphere, telling their story in their own way, with occasional gentle nudging from me. I have to be especially patient when they complain about the child and about other people who have "pressured" them into coming to see me. They would much rather do this than look at their roles in problems and their responsibility for working to solve them.

Helping parents gain insight into lifestyles. The primary goal of the Adlerian play therapist in this phase of the consultation is to help parents gain a new understanding of themselves and their child so that they can correct old self-defeating attitudes and exchange destructive patterns of thinking and behaving with constructive patterns. The therapist begins this process by stressing the assets of the child and of the parents, to start the parents thinking in more positive ways about their child and themselves.

The counselor has two paths during this phase of the consultation: (a) helping parents look at the child differently and (b) helping them look at themselves differently. In working with parents on making shifts in their perceptions of and attitudes about their child, one of the first tools that I use is reframing behaviors that have been traditionally interpreted by family members as negative. I explain how these behaviors express the child's creativity and uniqueness and how they sometimes make a contribution to the family (e.g., a child whose misbehavior keeps parents from recognizing problems in their relationship or the child whose clowning keeps a depressed parent from becoming so depressed that she needs to be hospitalized). I model an empathic understanding of the child's motivation in an attempt to help parents see their child's behavior and motivation from the perspective of the child. I do this in a way that is matter-of-fact and nonjudgmental so that the parents do not feel as though I am criticizing their past behaviors and attitudes in any way.

During this process, I spend much of my time talking about the child's Crucial Cs, goals of misbehavior, and personality priorities so that parents can begin to reconceptualize the child and his or her behavior. I explain my understanding of the ways the child has decided that he or she gains significance in the family and in other relationships—how these methods of belonging are working for the child and how they are getting in the way of successful relationships and coping strategies. I also discuss the impact the child's birth order position and any traumatic experiences may have had on the child and his or her lifestyle. In as nonjudgmental manner as I possibly can, I make some guesses about how the child has interpreted the family atmosphere and what it means about himself or herself, others, and the world. Describing my hypotheses about the child's mistaken beliefs and private logic, I work to help parents develop an empathic understanding of their child's strengths and struggles.

Woven into these conversations with parents are my ideas about how their own lifestyles interact with the child's lifestyle, in both constructive and destructive patterns. I teach parents about their own Crucial Cs and personality priorities (sometimes in very direct, didactic ways and sometimes in more indirect, subtle ways). We discuss how these lifestyle elements can be complementary and conflictual in the relationship between the parents and the child. I describe how the assets of their Crucial Cs and personality priorities are helping in their parenting and how the drawbacks of these lifestyle components can get in the way in their interactions with their child. We discuss how the past interactions in their family of origin could be affecting their attitudes and behaviors in the present day. I help them examine the parenting they received and guide them to make conscious decisions about which attitudes, values, and discipline strategies from their family of origin they want to replicate and which ones they want to leave behind them. We explore how other family dynamics (such as the marital issues, drug or alcohol problems, in-law advice about parenting, sibling rivalry, etc.) are influencing their ability to parent effectively. It is helpful with some parents to discuss their attitudes toward parenting, their self-images related to their ability to parent, their philosophy of discipline, conflicts between the parents about how to discipline, and their attitudes toward the various children in the family. As part of this process, I also like to talk about what parenting strategies have worked in the past and what parenting strategies have not worked and the factors that have differentiated their application of the effective versus the ineffective strategies. My goal during this process is to help parents make shifts in their views of their child and themselves so that they are ready to learn and apply Adlerian principles in their parenting.

This phase is probably the hardest and most threatening for the majority of parents because I am asking them to actually give up many of their old ideas, attitudes, and ways of interacting and adopt new (and frequently radically different) ways of interpreting relationships and situations. This is the crux of the consultation process and it is pretty scary. To help parents feel more comfortable with this process and increase the likelihood that they make the cognitive and emotional shifts inherent in the process of gaining insight into lifestyle, I keep their Crucial Cs and personality priorities in mind.

With parents who do not easily connect, I continue to work strongly on the relationship, remembering to reconnect with them in every session. These parents seldom think about problems in terms of relationships, so I have to be relatively concrete when describing the impact of their attitudes and behaviors on others. It is also extremely important to avoid any judgment or blame because they already tend to feel inadequate in the area of interacting with others and if I am not careful, I can add to their perception that they are interpersonal failures.

With parents who struggle with feeling capable and parents who feel as though they do not count, I use a great deal of empathy, encouragement, and humor—making connections between their current parenting and what they learned about parenting in their family of origin; pointing out patterns in the ways they have been thinking, feeling, and behaving—without attaching any blame to my observations. It is very helpful to talk to these parents about my belief that they can and will become more capable and that they can become powerful agents for positive change in the lives of their children. Sometimes my faith in their ability to grow in constructive ways is a tremendous motivator.

For parents who lack courage, I proceed very slowly with this phase of the consultation. It is necessary to keep the amount of insight-oriented information that I share with them small and manageable so that they do not feel overwhelmed by the changes I am suggesting that they make.

So that controlling parents do not feel as though I am trying to gain power over them, I am relatively indirect and tentative in making my interpretations, explanations, and suggestions. I often find it helpful to give them several different possible interpretations of lifestyle themes, purposes of behavior, Crucial Cs, and personality priorities and engage them in a dialogue about how each interpretation could apply to the current situation. Initially, I keep the focus on the child and his or her lifestyle so that these parents do not feel threatened. As they seem more comfortable talking about lifestyle issues, I then shift the emphasis to the interaction between the child's lifestyle and their lifestyle, ultimately making guesses and interpretations designed to give them insight into their own issues.

With pleasing parents, I infuse encouragement into all of my interactions during this phase, making sure that I avoid criticism or judgment. If I can keep any negative nonverbal communication to a minimum, pleasing parents are usually very open to understanding how the patterns of interaction in their family of origin might be replicating themselves in their present family. As long as they believe that they can please me by incorporating new attitudes, beliefs, and behaviors into their repertoire, they are eager to reconsider their positions. However, they get very anxious about owning their own power, being assertive, and setting limits for their child, so it is necessary to work with them on ways in which they can feel more comfortable standing up to others and taking care of themselves.

I present my ideas and insights to superiority parents in the form of a collaborative consultation—a meeting of two parties who have valuable information and expertise who are working as a partnership for the betterment of the child. I represent myself as a self-confident and knowledgeable expert in the field of play therapy who needs the parents' expertise on this particular family. The mutual respect engendered by this approach often circumvents any defensive reaction on the part of parents. I start out this phase of the consultation concentrating on the child and his or her lifestyle to establish a pattern of collegiality before moving on to discuss the interaction between the child's lifestyle and the parents' lifestyle. When I am making interpretations and suggestions related to the parent, I am extremely tentative, taking a similar approach to the way I have described working with parents whose personality priority is control.

Parents whose primary priority is comfort need feedback presented in nonthreatening ways, with little pressure for them to move quickly to make changes. Humor is an invaluable tool with these parents because it lets them look at their own issues in a safe way. It is also helpful to keep my consultations brief and my input limited; working very slowly to help them gain insight increases the chances that these parents will hear me and make shifts in their attitudes and behaviors.

Reorienting/reeducating parents. The Adlerian play therapist spends the bulk of this phase building on the parents' new insights, helping them practice applying their altered attitudes and thinking patterns, and teaching them Adlerian parenting skills. It is important to tailor the format and the content of these sessions to the needs of parents and the child.

It is helpful to consider the parents' learning style and provide the teaching in a style that works for them. For instance, a few parents can just read and apply books on Adlerian methods of discipline. These parents prefer to acquire the ideas independently and then discuss their application with the therapist. (See Appendix E for examples of parenting books based on Adlerian principles.) Other parents need to have concrete verbal instructions, with numerous examples from their family interactions. With these parents, the play therapist will probably want to practice the skills with the parents in session and give homework assignments so that they can practice the skills between sessions. Some parents learn better when they are in a group with other parents so that they can share their own stories, realize that other parents struggle with their own children, exchange ideas about how to cope, and get support and encouragement from parents who are in situations similar to theirs.

The therapist would also be well advised to take the Crucial Cs and personality priorities of the parents into account when making suggestions for changing discipline strategies and teaching parenting skills. Many parents (especially those who do not feel capable, who do not believe that they count, who lack courage, and whose personality priority is comfort) often try a strategy several times or apply it inconsistently and then decide that it does not work for them. The counselor must encourage these parents to give any new discipline procedure time to work. One way to do this is to point out that they used their old methods for a long period of time, and to be fair, they should give the new methods equal time. Although most parents are not really willing to go to this extreme, the humor inherent in the suggestion that they try the new skill for 5 or 6 years before giving up can help them gain a perspective on the situation.

The counselor must also encourage parents to be consistent in the application of any new strategies. Children learn more from what parents do than what they say. When parents are not reliable (a tendency in parents whose personality priorities are pleasing or comfort) in using the newly acquired skills, they send a message to children that they are not serious about pursuing a new style of communication and discipline.

I have found that parents who struggle with believing that they are capable and that they count and those who lack courage need to practice skills with me before they try to apply them with their children. I frequently have these parents come into the play therapy session to watch me model the skills. I may ask them to practice the skills with their child in the play session and (privately) give them suggestions for modifications before assigning the skills as homework. When I ask them to use the skills at home, I make sure that I give them ample time during the subsequent parent consultation for giving me feedback on their application of the strategies. All parents need encouragement for trying the new skills, for improvements in their relationship with their child, and for not giving up easily if the skills do not have instant success.

Parenting recommendations should be delivered in a nonauthoritarian, tentative fashion to parents whose primary priority is control (Kottman & Ashby, 1999). I find it useful to give them more than one option for dealing with problem behaviors, because then they have a sense of being in control of how they respond in disciplinary situations. These parents want to learn tools for responding to misbehavior but have a tendency to overuse punishment and neglect the more democratic approach of consequences. Control parents do not like to adapt their responses to the child's lifestyle, preferring to demand that the child change instead of them. They often want to get into a power struggle with me about the need for avoiding power struggles with the child. This gives me a great chance to model effective ways of staying out of power struggles. If I want to check up on the parent's follow-through, I do this in an oblique manner, making sure that I do not imply, either directly or indirectly, that the parent "should" do what I have recommended. By presenting parenting suggestions in an indirect manner, through a metaphor or story about another family who struggled with a similar situation, I can avoid potential defensive reactions from these parents.

With pleasing parents, I give specific directives about parenting strategies, complete with instructions to read parenting manuals and apply specific principles (Kottman & Ashby, 1999). I usually teach pleasing parents encouragement skills before asking them to set more limits because they are more comfortable with encouragement than setting consequences. Pleasers need to learn how to decide who owns particular problems because they assume responsibility for problems that they do not truly "own." I have noticed that pleasing parents are more likely to follow through with my suggestions when they know that I am going to ask for feedback about their application of the skills they are learning. They are much more motivated to be strong parents (even in the face of anger or criticism from the child or other important people in their lives) when they think they can please me through the changes they are making in their parenting. In working with personal issues, it is very exciting to teach pleasing parents about their ability to assert their own power without being overpowering to others and to own the right to and responsibility for providing discipline and structure for their child. These parents are afraid of the reaction from others if they change the way they respond to problems, so I work with them on ways to cope with the fear of rejection.

Parents whose primary priority is superiority respond well to recommendations and teaching strategies that honor their sense of achievement (Kottman & Ashby, 1999). I often frame suggestions by acknowledging their abilities and challenging their competitive spirit (e.g., "I have only had a few parents who have consistently encouraged their child for every positive behavior, but I think you have the ability to do this"). I use their belief that they need to be superior for a constructive end. Because they often enjoy an intellectual puzzle, superiority parents usually like learning new concepts, particularly ones that have practical application, such as Crucial Cs, goals of misbehavior, and personality priorities. These parents take pride in reading materials and applying techniques at home and need a time to celebrate their successes, so I always ask about their efforts and, in the spirit of collegiality, give them lots of encouragement.

Parents whose primary priority is comfort like parenting suggestions that are simple and concrete and can be applied with a modicum of effort (Kottman & Ashby, 1999). When I teach parenting skills to these parents and ask them to apply new techniques, I keep my request very small (e.g., "Make one encouraging comment to Salim today"). This increases the possibility that they will actually follow through. Because these parents have an aversion to discomfort, they resent it when I check up on them, so I usually follow through with the child, asking if the parent has tried anything new.

Teaching Parenting Skills

The counselor needs to assess parents' skills and decide which parenting strategies to teach. Frequently, required parenting skills include the following strategies: (a) listening reflectively, (b) defining problem ownership, (c) recognizing the goals of misbehavior, (d) setting logical consequences, and (e) encouraging. Some families will need to acquire additional skills (e.g., structuring, setting up routines, and providing positive and constructive feedback to a child), and the counselor must be willing to help them explore many different democratic discipline strategies.

Listening reflectively. One way to improve parent–child communication is for parents to reflect their children's feelings back to them. By using reflective listening, parents affirm their children and their experiences. When children feel heard and understood, this process can deepen the relationship with parents and their sense of security and self-esteem. The counselor can teach parents simple reflecting skills, such as making open responses, attending to nonverbal messages, and using feeling words. Dinkmeyer and McKay (1989) suggested that the best way to teach parents to reflect feelings is to encourage them to (a) ask themselves, "What is my child feeling?" (b) think of a word that describes that emotion, and (c) put that emotion into a sentence. By giving parents this simple, concrete method for reflecting feelings, the counselor reduces the chances of them being overwhelmed by the prospect of changing their communication patterns. Some examples of reflective listening:

- "You sound excited because we're going to the ice-cream parlor."
- "It seems like you're kind of disappointed that you missed the bus."

Defining problem ownership. Many times the power struggles between a child and the parents stem from a lack of adequately defined problem ownership (Dinkmeyer & McKay, 1989; Gordon, 1970). The best way to decide who owns a problem is to ask, "Whose problem is it? Who is experiencing difficulty with whom? Whose purposes are not being met?" (Dinkmeyer & McKay, 1989, p. 62). Gordon (1970) suggested that there are three possible answers to this question in the parent–child dyad.

1. The child's behavior is not bothering the parents, but the child's needs/purposes are not being met. For example, Kimana wants to go to a skating party but decides not to attend because she is angry with her mother. This does not interfere in any way with her mother's happiness, but Kimana misses a good time. In this type of situation, the child owns the problem, and it is not really a problem for parents as long as they can keep themselves from trying to protect the child from her or his own choices and behavior.

2. The child's behavior is not bothering the parents, and the child's needs/purposes are being met. For example, Kimana does not really want to go to the skating party, so she decides not to go. Her mother does not care whether Kimana attends the party or not. In this type of

situation, there is no problem at all. Sometimes parents or children make a problem from a situation that is not really problematic.

3. The child's behavior is bothering the parents, but the child's needs/purposes are being met. For example, Kimana does not really want to go to the skating party, and she refuses to go, even though her mother had planned to go out and cannot find a baby-sitter for Kimana. If the child's needs/purposes are not thwarted, he or she will not have very high motivation for engaging in problem-solving or cooperative behavior. In this situation, the parent owns the problem and must generate a solution that all parties can accept.

The play therapist can teach parents about these three possible configurations of problem ownership and encourage them to define ownership for each problem. This helps parents who are involved in power struggles with children over situations that are not really a problem for the parents. Defining problem ownership often prevents parents from rescuing children from the natural consequences attendant in situations that the children have created themselves. It also helps parents be realistic in defining their expectations for situations in which they own the problem and the child does not.

Recognizing goals of misbehavior. As indicated in chapters 2 and 3, Adlerians believe that all behavior is purposive and that most misbehavior by children is directed toward achieving attention, power, revenge, or proving inadequacy. The Adlerian play therapist teaches parents how to recognize each of these goals and to tailor their response to the child depending on the purpose of his or her misbehavior. The best way to identify the child's goal is to examine the actual behavior, the adult's feeling when confronted by the behavior, and the child's response when disciplined (Dinkmeyer & McKay, 1989; Lew & Bettner, 2000). I have found it helpful to have parents practice identifying goals of behavior during parent consultations, with examples of situations they have encountered with their children.

After the parents learn to identify goals, they must learn how to counter them. With children whose goal is attention, the most appropriate parental response is to ignore them when they are asking for attention and to give them abundant attention when they are not asking for it. The counselor may want to suggest that the parents read *Your Child's Self-Esteem* (Briggs, 1975), which is an excellent resource for providing timely positive attention to children.

Parents of children whose goal is power must learn to set limits and establish logical consequences for inappropriate behavior while also allowing for age-appropriate power. One way for parents to achieve this is for them to learn to give children limited choices. Parents need to avoid getting into power struggles with these children—by strategically withdrawing from power struggles, parents can assert their own authority. A resource I have found to be valuable in teaching this idea to parents is an article titled "Power Plays at Home and School" (Williams, 1977).

Children whose goal is revenge are especially difficult to parent because their behavior is frequently very hurtful. When interacting with these children, parents must not take the behavior personally and avoid showing hurt or frustration. They must be very nurturing, patient, and consistent with these children, engaging them in setting up the consequences for their misbehavior with showing anger or fear. In working with revenge-oriented children, it helps to remember that these children feel that they have been severely hurt themselves, and their behavior stems from these feelings.

With children whose goal is proving that they are inadequate, the most important components in parenting are encouragement (see chapter 6) and perseverance. Parenting children who believe that they are inherently worthless can be extremely discouraging, so these parents need a great deal of encouragement and support from the counselor to be able to continue trying to create situations and interactions in which their children can feel successful.

Setting logical consequences. An important component of Adlerian parenting skills is learning how to give choices and set up logical consequences in a way that engages parents and the child in a mutually respectful process designed to develop a sense of responsibility in the child (Dreikurs & Grey, 1970). In presenting choices, parents give the two alternatives: one being a way to correct the misbehavior and the other being a consequence for choosing not to correct the misbehavior. Examples of giving choices:

> "Jorge, you can choose to talk quietly when your sister is asleep, or you can choose to go to your room until she wakes up."
>
> "Leigh, you can choose to put your dirty clothes in the hamper, or you can choose to wear dirty clothes."

When giving choices, it is essential that parents use a tone of voice and choice of words that convey respect, kindness, and acceptance. Parents must never give a choice that they are unwilling to accept. If parents cannot tolerate the idea of having the child go to school wearing dirty clothes, they should not give that as a choice.

Consequences must be respectful, reasonable, and related to the transgression (Lew & Bettner, 2000; Nelson, 1985). Children will feel respected if it obvious to them that they have some control over what happens and that their parents are listening to their perspectives.

Reasonable consequences should not be too lengthy or too painful for the children. Although sometimes it is difficult to generate a consequence that is related to the misbehavior, it is important that children can see some kind of logical connection between their behavior and the effect.

According to Dinkmeyer and McKay (1989), in applying consequences, parents must adhere to the following basic principles:

1. Think about the child's behavior, feelings, and purposes.
2. Be kind and firm.
3. Avoid overprotecting the child. Let her or him experience the natural and logical consequences of her or his behavior.
4. Increase your level of consistency so that the child knows what to expect and can make decisions based on reasonable expectations.
5. Always convey respect to the child (verbally and nonverbally) even when you do not agree with or appreciate her or his behavior.
6. Encourage independence and responsibility.
7. Do not allow the opinions or disapproval of others to dictate your parenting behavior. Do what you think is right and respectful.
8. Consider who owns the problem and act accordingly.
9. Act more, threaten less.
10. Do not argue or give in to the child.

In setting up logical consequences, the parent should follow these steps:

1. State the limit in a nonjudgmental voice.
2. Reflect the child's feelings or make a guess about the child's goals and give an explanation of his or her position.
3. Invite the child to engage in generating alternative behaviors that are acceptable to both parent and child.
4. Engage the child in brainstorming consequences for transgressions at this point, or wait for the eventuality that the child decides not to abide by the agreement to engage in generating logical consequences. If the parent decides to brainstorm possible consequences, they enter into a negotiation process in which the purpose is to agree on a consequence that the child can enforce if transgressions occur.
5. Ask the child to comply with the agreed-on consequences or follow through on the consequences in a matter-of-fact manner, always conveying acceptance of the child and respect.

An example of the consequence-setting process:

1. I tell Jacob, my son, that he must come home from his friend's house when he hears the church bells chiming five times: "You remember the rule that you need to come home for dinner when the church bell rings at 5 o'clock."
2. I reflect Jacob's reluctance to come home and give up having fun with his friend, and I explain my position: "I know you have a lot of fun with Thomas, and you feel sad that you have to stop playing and come home, but it is a pain for me to keep your dinner warm while everyone else in the family eats."
3. I invite Jacob to engage in generating mutually acceptable possibilities for solving the problem: "Can you think of some other way for you to remember to come home for dinner on time?" Jacob replies that he would like me to call him when it is time to eat. I agree to this: "OK, if you really want me to, I am willing to call you one time when it's time for dinner."
4. If Jacob does not abide by the agreement, I ask him to help decide on a consequence for the next time this happens: "Let's think of what can happen the next time you decide not to come home when I call you for dinner." Jacob suggests that he not get any dinner. I am reluctant to agree to this, so I counter with the suggestion that Jacob eat his dinner cold when he does get home. We agree on this consequence.
5. The next time Jacob comes home late, I remind him of our agreement and give Jacob the plate of dinner, unheated.

Although the parent can ask the child to generate the consequences before the actual transgression, this conveys a lack of faith in the child's ability to abide by their agreement. I prefer to wait to set up the consequence until after the child has chosen to violate the compact because I think this communicates my belief that the child will be responsible.

Encouraging. In order to be encouraging to their children, parents must learn to interact with their children without putting conditions on their acceptance. They must learn to give recognition for their children's abilities, strengths, and assets. In using encouragement with children, it is important for parents to give positive feedback for progress and effort, even when the final product is not perfect. It is helpful to engage with children in activities that are interesting to them, rather than always expecting them to show interest in adult pastimes. Parents can also demonstrate that they make mistakes themselves and do not expect their children to always be perfect. (See chapter 6, Encouraging, for more information on this topic.)

CONSULTING WITH TEACHERS

Depending on the circumstances, the play therapist may also want to get parental consent to consult with another influential adult in the child's life: the teacher. This is especially important if the presenting problem relates to situations in school or if the problem is affecting the child's performance in school. The consultation with teachers goes through the same four phases: building the relationship, gathering lifestyle information, helping the teacher gain insight, and reorienting/reeducating the teacher (Kottman, 2000).

School counselors who are working with children using play as an intervention modality consult with teachers on a regular basis to determine how the child's difficulties are manifesting themselves in the classroom. Because they usually have insight about the child's behavior at school, school counselors are also excellent resources for outside therapists who work with children. They can also provide valuable information about the best ways to approach the child's teacher and help the therapist get an initial picture of the teacher's Crucial Cs and personality priorities.

Building the Relationship With the Teacher

If the child is experiencing a problem at school, many times the teacher is feeling defensive, so it is important for the play therapist to avoid seeming like a threat. I have found that the best way to approach the teacher is with a professional, collaborative manner based on my assessment of the teacher's Crucial Cs and personality priorities. I usually tell the teacher that I need his or her help because the child spends more time in the classroom than in the playroom. This is a true statement, and it seems to disarm most teachers and reassure them that I am not going to invade their classroom and tell them how they should be teaching.

GATHERING INFORMATION ABOUT LIFESTYLES

Because the Adlerian play therapist needs to form a complete picture of the child and his or her interactions at school, gathering information about the child's interactional patterns and attitudes toward self, others, and school from teachers can be very important. To form a holistic picture of the child and her or his lifestyle, the counselor asks questions about (a) the child's attitude and behavior in different settings and with different individuals at school; (b) the child's conduct in various subjects, in the cafeteria, and on the playground; and (c) the child's interactions with peers, teachers, the principal, and other school personnel.

Sometimes it is helpful to ask teachers if they know anything about the child's family that could be contributing to the child's self-image or behavior. It is also helpful to gather information about the teacher's lifestyle, his or her teaching style, his or her attitudes toward the child, and usual methods of discipline. Appendix F has a series of questions that the counselor can use to obtain most of this information. The counselor may also want to ask permission to observe the child at school, because observing can give the counselor a feel for the atmosphere in the classroom and for the child's relationships at school.

Sharing Insights With Teachers

One of the primary purposes of consulting with teachers is to share information and insight about the child with them. As the play therapy progresses, the counselor learns things about the child and the way he or she views himself or herself, others, and the world that can be helpful to the teacher. To protect the child's confidentiality, the counselor does not describe actual behaviors from play sessions, instead sharing inferences about the child's Crucial Cs, goals of misbehavior, personality priorities, self-image, psychological birth order position, assets, attitudes toward authority figures, and any other data that might help the teacher to better understand the child. The counselor can also subtly make guesses about the interaction between the child's lifestyle and the teacher's lifestyle and between the child's learning style and the teacher's instructional style, especially when there seem to be mismatches that are interfering with the child's ability to be successful in school.

On the basis of the feedback from the counselor, teachers are often interested in learning more about Adlerian intervention strategies appropriate for overall classroom discipline or for working with this particular child. This provides a perfect segue to the reorientation/reeducation phase of the consultation.

Reorienting/Reeducating Teachers

The counselor often uses consultation sessions as an opportunity to impart information on Adlerian principles, such as the Crucial Cs, goals of misbehavior, personality priorities, logical consequences, problem ownership, encouragement, and classroom meetings that teachers can apply to classroom discipline. If the teacher is excited about implementing Adlerian discipline in her or his classroom, there are several resources that provide comprehensive plans for incorporating Adlerian ideas in schools: *Responsibility in the Classroom: A Teacher's Guide to Understanding and Motivating Students* (Lew & Bettner, 1996); *A*

Teacher's Guide to Cooperative Discipline: How to Manage Your Classroom and Promote Self-Esteem (Albert, 1989); *Active Teaching* (Popkin, 1994); *Positive Discipline in the Classroom: How to Effectively Use Class Meetings* (Nelson, Lott, & Glenn, 1993); and *Systematic Training for Effective Teaching* (Dinkmeyer, McKay, & Dinkmeyer, 1980). These books contain concrete suggestions for using the goals of behavior, encouragement, communication skills, and classroom meetings as a means of understanding children and promoting responsibility and cooperation in the classroom.

Another model for training teachers in skills that could be helpful to the children in their classes is Kinder Therapy (Draper, White, O'Shaughnessy, Flynt, & Jones, 2001; White, Flynt, & Draper, 1997). In Kinder Training, the counselor teaches teachers basic play therapy skills and Adlerian constructs. The teachers initially practice these skills in a playroom, under the supervision of the counselor, and eventually apply the skills in their classrooms.

SUMMARY

One of the most important skills in successful implementation of Adlerian play therapy is consultation—with both parents and teachers. These adults can be excellent sources of information about children and of support for the changes children begin to make in play therapy. The play therapist uses both counseling and teaching strategies in engaging parents and teachers, matching the consultation to the needs of individual families and classrooms, and helping parents and teachers learn new ways of interacting with children.

Chapter 5

BUILDING AN EGALITARIAN RELATIONSHIP WITH THE CHILD

THE FIRST THING the Adlerian play therapist must do is build an egalitarian relationship with the child. The counselor wants the child to know that the counseling relationship is a shared partnership between the two of them. The therapeutic relationship grows from mutual trust and respect. The main job of the play therapist during the first several sessions is to communicate respect for and trust in the child and his or her abilities. The therapist must earn the respect and trust of the child by being consistent, tolerant, and respectful.

Because the relationship is a democratic partnership, the child and the counselor share the responsibility and the power in their sessions. Although the counselor retains the right to make decisions about limits and other critical factors in the playroom, both the child and the counselor have input into what happens in the playroom. It is important not to force the child to do or say anything in the playroom, except in cases in which the child would be endangering himself or herself or others. The child makes choices, and the counselor respects those decisions, even when he or she does not particularly like them.

If I ask a question or make an interpretation and the child chooses not to answer, I convey my respect for the child by not insisting on an answer. If I ask a child to draw or tell a story and the child chooses not to do so, I convey my respect by accepting that decision. To a child, what I do is much more important than what I say, so I must behave in a way that conveys a sense of shared power and responsibility instead of just talking about the egalitarian nature of our relationship. In my

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experience, if I want a child to perceive that I trust and respect him or her, I must always act in a way that allows the child to maintain a certain amount of power and control over what she or he is doing. I do not allow children to hurt themselves, other children, me, or the property in the playroom, but otherwise they can make many of the decisions about what happens in the playroom.

The play therapist works on building the relationship with the child from before the child comes to the first session until after the child has stopped coming to play therapy. The cornerstone of the egalitarian relationship is a philosophical belief that all people deserve respect and a degree of power in their lives. The Adlerian play therapist must believe in this tenet and use it as the foundation for the relationship with the child. Although building the relationship is the first phase of the counseling process, it is not a discrete phase that stops as soon as the play therapist establishes rapport with the child. The therapist continues to foster the relationship throughout the therapeutic process. Just as the gardener waters a plant even after it has begun to flourish in the garden, the Adlerian play therapist steadily continues to use relationship-building strategies to communicate this accepting and empowering philosophy to the child.

MEETING AND ENGAGING THE CHILD

Building the egalitarian relationship begins before the Adlerian play therapist meets the child. In service to this process, the therapist usually meets with the parents without the child in the first session. The purpose of doing this is to begin to establish a relationship with the parents so that the therapist can concentrate on connecting with the child in their first meeting with little necessity to pay attention to the parents.

As I enter the waiting room for my first session with a child, I nod an acknowledgment to the parents who brought the child but say very little or nothing to the adults. I go straight over to the child and get on eye level. This may involve kneeling, squatting, or sitting on a low chair or the floor. I want to make sure I am not looming over the child, looking big, powerful, or overwhelming. We are partners in this world of play, and I do not want to look as though I am starting out with a size or power advantage.

When I greet a child, I always use his or her name. I introduce myself and tell the child how glad I am to see him or her. I tell the child that we are going to have a great time together. I want to convey a sense of excitement and fun about the play therapy session we are about to share. When I introduce myself, I tell the child my first name—not my last name or my title. I am not planning on calling the child Miss or Mr.

Jones, so why should she or he have to call me Dr. Kottman? I say something like, "Hello, Moyosafi. I am Terry. I am very glad you are here today. We're going to have some fun!!"

Children may be feeling apprehensive or angry that they are about to go somewhere with an adult they have just met and have no reason to trust. The best way to deal with this seems to be directing their attention away from their own fears (G. Landreth, personal communication, October 1985). There are a million ways to do this, depending on the counselor's imagination and creativity. I frequently make a comment about some toy or book in the waiting room, point out what a strange pair of earrings or funny T-shirt I am wearing, or talk to the child through a puppet from the playroom.

GOING TO THE PLAYROOM

After I have spent a little time in getting to know a child, putting him or her at ease, and letting him or her get used to being with me, I stand up and say, "It's time to go to the playroom now. Your mom (dad) will be waiting in the waiting room for us when we get back." I do not ask the child if he or she wants to go to the playroom or if he or she is ready to go to the playroom. Even in the first stages of the relationship, I am not going to ask the child a question or imply a choice that I am not willing to honor. By making the announcement that we are going to the playroom as a given, I am setting a precedent that says there are some things that I will control and some things that the child will control. By mentioning that the parents will be waiting in the waiting room for our return, I have tried to reassure the child that the parents are not going to abandon him or her and that the child will be safe and protected in the playroom. (Elementary school counselors usually already know most of the children in their schools, so this process does not have as many possible problems as it does for agency counselors and play therapists in private practice.)

Occasionally, a child is reluctant to go to a play therapy session. This does not happen very often if the therapist has presented the playroom as a positive and exciting place and himself or herself as a kind and fun person, and if the counselor is patient in timing the announcement—waiting for readiness on the part of the child. However, some children are more anxious and skeptical than others and may not want to go to the play session. It sometimes helps to tell the child that his or her parents can go to the playroom for the first 10 minutes and then the parents will return to the waiting room to wait. If this still does not reassure the child, the therapist can have the parent stay in the playroom and simply observe, or parents can sit in a chair in the hall outside the playroom with the door open so that the child can see that the parent has not abandoned him or her.

I do not believe in carrying or dragging a child to the playroom or having the parents do this for me. If I have a client who absolutely refuses to go to the playroom with me, I tend to work with parents in parent consultation without doing play therapy rather than forcing a child to come to the playroom. I believe that if I force a child to come to the playroom, I am violating the mutual respect necessary for an egalitarian relationship.

When we get to the playroom, I usually say, "This is our playroom. In here, you can do many of the things you want to do." I do not tell children they can do anything they want to do because there are things they cannot do in the playroom, such as hurting me, hurting themselves or other children, or destroying the material in the playroom. I also tell children that in the playroom we will share making decisions by explaining, "Sometimes I get to be the boss and decide what we are going to do, sometimes you get to be the boss and decide what we are going to do, and sometimes we figure this out together."

WHAT DO YOU THINK ABOUT COMING TO PLAY THERAPY?

Quite frequently, children enter the play therapy relationship with negative ideas about why they are coming to play therapy. Sometimes this is due to messages they get from their parents, and sometimes it is due to their own egocentric interpretation of events and interactions, their private logic, and their mistaken beliefs about themselves, others, and the world.

Despite my suggestions about what to tell their children about coming to play therapy, sometimes parents convey negative judgments to their children about their reasons for being in play therapy. Some parents tell their children that they are bad and that they are coming to the doctor to be fixed. Some parents tell their children that they are the cause of the problems in the family and that they must come to therapy to be punished or to make the family well again. Other parents do not say anything at all about their reasons and hopes for the play therapy, which a child may interpret as being punitive. Occasionally, just from the nonverbal communication from the parents, children draw negative conclusions despite a positive parental explanation of the reasons for play therapy.

Many times, even if parents give children perfectly appropriate explanations for why they are coming to play therapy, the children may detect negative connotations. These children are usually those who are excellent observers but poor interpreters. They can filter the explanation they receive from their parents through their own negative private logic and their discouraged views of themselves, others, and the world and decide that their parents are bringing them to play therapy to be punished or fixed. Children who have discouraged worldviews usually distort information they receive from others, including their parents and their play therapist, to fit into their own private logic and to confirm their basic convictions about themselves and their relationships. To begin to counter any negative information or perceptions about the play therapy process, some play therapists keep a copy of *A Child's First Book About Play Therapy* (Nemiroff & Annunziata, 1990) in their waiting rooms or share this book with parents and ask them to read it to their child.

To explore children's understanding of the presenting problem, sometime during the first session with them, I ask them about their perception of the reason for coming to play therapy. I may ask them what they think we will do in the playroom or what their parents told them about coming to play therapy. I frequently ask them how they feel about coming and what they think they will get out of the process. If you work in a school, it is helpful to talk about what the child's teacher told him or her about coming to see you. This type of questioning encourages children to explore their understanding of the reason for the referral to play therapy, their understanding of the process of play therapy, and their preconceived notions of what the relationship will be. It helps me begin to formulate an understanding of children's subjective interpretation of the presenting problem and their beliefs about what is going to happen in the play session.

When I think I understand the child's view of the presenting problem, of his or her therapeutic goals, and of the play therapy process, I try to reflect my understanding back to the child. I use restatement of content to capture the essence of his or her statements, so that I can see if I have understood his or her perceptions of the situation. I reflect the child's feelings about what has happened, what is happening, and what is going to happen. My intent in both the restatement of content and the reflection of feelings is to communicate my respect for the child's position and perceptions and my desire to empathize—to see things from the child's perspective.

Children frequently do not acknowledge or openly respond to my statements. Because of this, I monitor their nonverbal responses closely—to look for some kind of recognition reflex (Dreikurs, Grunwald, & Pepper, 1982). The recognition reflex is an involuntary nonverbal reaction to a comment or interaction that reveals something about the way the person is feeling or thinking. It can be a smile, a flinch, a nod, a grimace, a shrug, or any other type of body language indicating an emotional or cognitive response to a situation.

Just as with an adult client, I give the child some information on how I view the process of therapy and my role as a therapist. To convey my own convictions about play therapy, I give the child a very brief explanation that includes a description of the process, a comment about my experience, and a suggestion that the process of play therapy usually works to help children feel better about themselves and get along better with others. For instance, I might say, "In play therapy, kids get a chance to play with the toys or talk about things that happen in their lives. I work with a lot of different kids in the playroom. After they have been with me in the playroom for a while, kids usually seem to feel better about themselves. Sometimes they also get along better with their families and their friends."

Sometime during the first session, I explain the nature of the egalitarian relationship I want to have with the child.

Examples of statements describing the therapeutic partnership:

- "In our playroom, we will play and work together."
- "In here, we can do many of the things you would like to do together. Sometimes you will be in charge and sometimes I will be in charge. We will take turns being the boss."
- "Sometimes you will play by yourself, and sometimes we will play together. Sometimes we can talk; sometimes we will be quiet. We will decide those things together."

I also want the child to know how I perceive the presenting problem. I may give the child a brief summary of what her or his parents told me.

Examples of this technique would include:

- To Leonard, a second-grade boy whose mother reports that he is publicly masturbating and that other children are teasing him for this behavior, I might say, "Your mom says that sometimes you touch yourself on the privates and that the other kids at school tease you about this."
- To Juanita, a 5-year-old girl whose mother reports that she has low self-esteem and is constantly making negative comments about herself, I might say, "It seems that sometimes you say things about yourself that sound like you feel kind of sad and like you don't like yourself very much."
- To James, a first-grade boy who has been acting out at home and at school, I might say, "Your dad says that sometimes you get into fights with him and your teacher."

In doing this, it is essential to keep the comments simple and on a vocabulary level that is similar to the vocabulary that the child uses. You must leave out any judgmental words or phrases, such as "bad," "good," "in trouble," or "you have a problem" and simply report your perception of the information in an objective fashion. It is essential in this process to avoid endorsing any negative perspective of the presenting problem provided by parents or teachers to prevent the child from identifying you with others in his or her life who are disapproving or critical. In this process, you are simply letting the child know what you have heard from parents so that you are not starting the relationship with any secrets or unspoken information interfering.

After I have conveyed the facts (and just the facts—reframed when possible), I usually wait and see how the child responds. Sometimes the child totally disagrees with the adult version of the situation. Sometimes he or she clarifies details that do not jive with his or her perception of the situation. Sometimes the child ignores what I have said. It is not necessary for the child to acknowledge or understand the adult perspective. Whatever reaction I get gives me valuable information about the child and the child's lifestyle and the lifestyles of the adults involved in the referral process.

Some of the information the counselor gathers during the first several sessions provides clues about the child's goals for therapy. Many times a child is just brought to the play therapist by her or his parents or sent to the school counselor by parents, teachers, or the principal, with therapeutic goals already determined by these adults. In these cases, the child seldom has any clearly defined goals for the therapy—at least in the initial sessions. However, usually even a reluctant child comes to play therapy with some things in her or his life that she or he wants to change. The counselor can ask the child if there is anything she or he wants to change in her or his life, at home, or at school. When goals are evident—either conscious or out of the child's awareness—the counselor tries to accommodate the process to include these therapeutic goals.

Even when the child chooses not to discuss his or her goals, sometimes I detect behaviors or attitudes I think the child wants to change during the first several sessions. When this happens, depending on the maturity of the child and whether I think he or she is aware of these goals, I may ask the child about them. Frequently, a mature child who has given a great deal of thought to his or her presenting problem wants reassurance that I understand what is happening and that I am willing to help him or her work on that problem in the playroom. For instance, to Andrew, a child who has expressed conscious awareness of therapeutic issues and goals for therapy, I might say, "You mentioned that the other kids make fun of you on the bus. I wonder if that's something you might like to work on with me?"

It is also important for the counselor to clarify with the child the goals suggested by the adults in the child's life. With some children, especially older children and verbally sophisticated children, it is appropriate to discuss with the child ways to align all of the therapeutic goals—those of the child, of the parents, of the teachers, of the counselor, and of any other interested parties.

DEMYSTIFYING THE COUNSELING PROCESS

Just as with an adult client during the first session, the Adlerian play therapist talks to children about the nuts and bolts of the counseling process: logistics, parent consultation, and confidentiality. With children, these explanations tend to be short and concrete. The play therapist may use puppets or dolls or draw pictures to convey this information if he or she believes that these strategies will increase the child's understanding and reduce any anxiety or apprehension on the child's part.

Logistics

It is important to let children know how often they will be coming to counseling, how long they will stay in the playroom, what day and time they will be coming, and how long children usually stay in play therapy. The therapist invites children to ask questions about the playroom and what goes on there. I explain the details using language and concepts tailored to the child's development and verbal skills. For instance, to 3-year-old Charmayne, I might say that we will be together every Monday (the same day they go to Mother's Day Out), that each week when she comes, we will play about as long as one of her Teletubbies videos lasts. To Justin, a very intelligent 8-year-old, I would tell him that he and his dad will come every Wednesday after school, he will play with me for 45 minutes, and that after we play I will meet with his dad for about a half an hour while he waits in the waiting room. I might also mention that kids usually come to me once a week for about 6 to 9 months.

Consulting With Parents and Teachers

I explain to children that I will be consulting with their parents and, perhaps, their teachers. The way I explain this to children will, of course, depend on the arrangements I have made with parents and the children's maturity level. For example, to Charmayne, I would probably say, "I am going to talk to your mommy and daddy about new ways to play with you and talk to you so that everyone in the family is happy." To Justin, I might say, "I will meet with you and with your dad every week. You can decide whether I see you first or I see your dad first. I will talk to your dad to try to help him understand you and your behavior better. I will also make suggestions about ways that you and your dad can work on communicating in more positive ways and ways that you guys can get along better so that things will go more smoothly in the family."

If I was going to consult with Justin's teacher, I would explain that consultation in similar terms, saying something like, "I may be talking to your teacher about how things go for you at school. As times passes and we get to know one another better, you may have some ideas about how I can help Mr. Ray do some things differently in the classroom so that you have more fun and learn more at school."

Confidentiality

I want to communicate to the child that he or she has the right to privacy about the exact contents of play therapy sessions. However, many times information about the process in the playroom can help parents or teachers to better understand and interact with the child. On the basis of the child's behavior in the playroom, I frequently describe themes of play, goals of behavior, patterns of interacting, movement toward mastery of one or more of the Crucial Cs, increases in social interest or self-confidence, and assets or progress in positive behaviors with parents or teachers so that these important adults can improve their comprehension of the child's attitudes, feelings, thoughts, and actions and increase their support of positive changes the child is making. On the basis of my thoughts and feelings in my relationship with the child in the playroom, I may suggest ways for parents and teachers to change their own actions and reactions so that they can learn more appropriate ways to interact with the child. To communicate this abstract concept in the child's vocabulary, I might say, "I will not tell your parents things that you say or do in the playroom. Sometimes I may share some of my guesses about why you do the things you do, or I may tell them some new ways to talk to you."

There are several instances when the counselor cannot maintain the child's confidentiality about the contents of play therapy sessions. It is necessary to breach confidentiality of children when they have revealed information in the session that indicates that they are victims of abuse or suggests that they are potentially dangerous to themselves or others. Because the legal system defines the child's parents, rather than the child, as the client (Y. Jackson, 1998; Kottman, 2001), there are other times when the counselor feels an obligation to share information from the session with parents. Because of these exceptions to the child's right to confidentiality, it is appropriate to include in the initial statement explaining confidentiality to the child a comment such as, "If I think that someone is hurting you or you might hurt yourself or someone else, I will need to let your parents know about that. I want to try to make sure that you are safe. I would also have to tell your parents what happens in sessions if a judge tells me that I have to do so. I will always tell you in advance if I ever have to do this."

Giving the Child a Business Card

At the end of the first session with children, I give them my business card and tell them that if they ever need to talk to me, they should feel free to call me. This action is another way of letting children know that I consider them my primary clients and that their relationship with me is important and professional. By treating children as I do adults, I convey respect and further establish the egalitarian nature of the relationship. When I give children my card, most of them seem to feel special and important.

ADLERIAN PLAY THERAPY TECHNIQUES FOR BUILDING THE RELATIONSHIP

There are many strategies in Adlerian play therapy designed to help build the relationship between the counselor and the child. These include tracking behavior, restating content, metacommunicating, reflecting feelings, answering questions, asking questions, returning responsibility to the child, interacting actively with the child, and cleaning the room together. These are each discussed in the following sections. Encouragement and limit setting are such important (and rather complex) skills for fostering therapeutic relationships that each of these skills has an entire chapter devoted to it. (See chapter 6 for information on encouraging and chapter 7 for setting limits in Adlerian play therapy.)

Tracking, restating content, metacommunicating, reflecting feelings, answering questions, asking questions, and returning responsibility can be used directly or indirectly. With children who communicate directly about their lives, it is appropriate for the counselor to reciprocate and communicate directly with the child (e.g., tracking the child's behavior, paraphrasing what the child says, metacommunicating about the child's nonverbal reactions). With other children (and in some situations even with the children who usually communicate directly), it is more productive to use metaphors and communicate indirectly (e.g., tracking the doll's behavior, paraphrasing what a puppet said, metacommunicating about the nonverbal reaction of the toy soldier, asking the dinosaur questions about his family). When communicating

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indirectly, sometimes the counselor will talk about the puppets, dolls, or figures and sometimes he or she will talk to the toys, pretending that they can react and respond as if they were alive.

Tracking Behavior

One of the main tools of any play therapist in building a relationship, regardless of theory, is tracking behavior. When the play therapist tracks behavior, he or she tells the child what the child is doing at that particular moment. The purpose of tracking behavior is to let the child know that the therapist is willing and able to communicate in the child's preferred mode of interaction: play. Tracking behavior is one way to let the child know that the therapist is with her or him, that what the child is doing is important, and that she or he is the focus of attention. By tracking the child's behaviors in the playroom, the play therapist can convey an understanding that the child's play has meaning and significance.

Examples of tracking behavior:

- Lien picks up a doll. You might say, "You're picking that up."
- Karl goes over to the mirror with the doll and pretends that the doll is looking at herself in the mirror. You would comment, "She is looking at herself."
- Maya paints a picture. You could say, "You're painting something."
- Oorjit uses one of the bigger dinosaurs to stomp on a smaller dinosaur. You could say to the dinosaur, "You are jumping on that other one."

When tracking, it is important to limit labeling objects and actions. If the counselor identifies an object or action by a specific name, sometimes a child will feel bound by the label. If the counselor can avoid giving a specific name to an object or action, it may encourage the child's creativity and freedom of choice. By not calling an object that looks like a cabbage a cabbage, the counselor grants the child the chance to decide that the cabbage is the head of a monster. By not saying that the child is jumping off the chair, the counselor grants him the chance to fly around the room on a magic carpet.

I track quite a bit during the first several sessions with a child to establish a connection between us. I do not track every time the child does something because this seems awkward and artificial. In the initial sessions, I probably track every second or third behavior. In later sessions, I track less and less frequently.

Restating Content

Another way to build the relationship with the child is to restate the content of the child's verbalizations. When the play therapist restates content, it is important to try and avoid simply parroting the child's exact words and intonations. The best restatements use the therapist's own words and inflections within the context of a vocabulary that the child can understand. Restatements of content should paraphrase the obvious message within the verbalization, and they should also acknowledge any nonverbal, covert messages within the verbalization. Examples of restating content:

- Roger says, "I am going to paint a picture." You might say, "So you decided that you want to paint."
- Tawana picks up a hammer and goes over to the log with the nails. She looks at you, seeming to ask permission, and says, "I am going to hammer these nails into the log." You could acknowledge both the verbal and nonverbal content by saying, "You look like you want to check with me to see if it's OK to hammer the nails into the log."
- Danny, a child who has been sexually abused, picks up an anatomically correct doll, moves the doll's hands so he is pointing to his genital region and says in a squeaky voice, "The man at school touched my tootoo." A restatement of the content would be directed at the doll, "The man touched you there."

The counselor restates content to demonstrate to the child that what the child says and how he or she says it are important and worthy of an adult's attention. Restatement of content lets the child know that the counselor is paying attention and has heard what he or she was trying to communicate, on both a verbal and nonverbal level.

Many people do not pay close attention to children and their words or their nonverbal communication. By really listening to children and letting them know that I have heard, I demonstrate that I am different from many of the other adults they have encountered. This willingness to listen helps build the relationship with children.

As with tracking, I restate content more in the first four or five sessions than I do in subsequent sessions. As time passes and I feel that the child has internalized the importance of our relationship, I reduce the number of times I track and restate content in the session.

The amount of time I spend tracking and restating content depends on the individual child. A child who has limited cognitive abilities or a child who thinks concretely may need continuing tangible demonstration that I believe he or she is important. A child who has strong cognitive abilities or a child who thinks on an abstract level may quickly process and internalize the message that our relationship is special. A child who has been abused or neglected may be afraid to believe that I value my relationship with him or her and may need continuous evidence that this is so. Different children have different needs. I try to tailor my approach and the ways I use various intervention tools to the personality of each individual child I see in play therapy.

Metacommunicating

In metacommunication, the counselor metacommunicates; that is, the counselor steps outside the interaction and communicates about the communication taking place in the relationship. By metacommunicating, the counselor can help children begin to notice and understand their own patterns of communication. Often children are not aware that they are reacting or communicating in a certain way. Even those who are cognizant of their communication patterns usually lack the abstract verbal reasoning ability to conceptualize what these patterns mean about them and their interactions. By commenting about what is going on (and frequently, what it means), the counselor can help children think more clearly about how and what they are communicating. Metacommunication is kind of an umbrella skill that incorporates a number of different techniques. It can involve reflection of feelings, questions, speculation about underlying messages, interpretation of the meaning of reactions or behaviors, and so forth. The focus of metacommunication can be on the following:

1. Nonverbal communication on the part of the child (e.g., "You looked over here like you were checking whether it was OK with me if you played with the dolls").
2. The child's reactions to the therapist's statements and questions (e.g., "You looked happy when I said we were going to do a puppet show. I am thinking that you really like doing puppet shows").
3. Subtle reactions to or feelings about interactions between the therapist and the child (e.g., "I notice that you seem frustrated when I told you shooting darts at people is against the playroom rules").
4. Subtle reactions to the relationship between the play therapist and the child or to the play therapy process (e.g., "I am thinking that you were not very happy to see me today").
5. Nuances in the ways the child communicates (e.g., "I am noticing that when you feel frustrated your voice gets louder").

6. The underlying message in the child's communication (e.g., as Mr. Fox tugs on my shirt but does not say anything, "Mr. Fox wants me to get down on the floor and play with him").
7. The unstated purpose of the child's behavior (e.g., "It seems like you always ask questions about the time when we meet at 5 o'clock. I am thinking you want to make sure you get home in time to watch your special show on television").

I conceptualize metacommunication as having four different levels, moving from very simple factual comments about the present to rather elaborate interpretations about patterns in the child's personality and overall style of relating to others and reaction to the world. What I call Level 1 metacommunication is when I simply point out that something is happening in the here-and-now (e.g., "You frowned when I mentioned your dad"). When I talk about patterns in the child's behaviors, reactions, or attitudes within a session or across several sessions (e.g., "You seem to get very sad whenever you mention your parents' divorce"), I call this Level 2 metacommunication. Level 3 metacommunication involves commenting on patterns in the child's behaviors, reactions, or attitudes in the playroom that extend into other situations and relationships outside the playroom (e.g., "I have noticed that you like to be the boss in here with me. I am guessing that you also like to be the boss at home with your mom"). Level 4 metacommunication includes pointing out patterns in the child's behaviors, reactions, or attitudes that typify his or her personality, coping strategies, interpersonal interactional style, approach to problem-solving, approach to conflict resolution, self-image, and other aspect of his or her lifestyle (e.g., To a doll who is always yelling at the other dolls, "It seems as though you use yelling to get other people to do what you want, and I have noticed that you really like to get other people to follow your instructions").

Sometimes I simply describe the behavior or the pattern in a factual way, without adding any kind of speculation or guess about what the behavior or pattern means (e.g., "The rabbit hid under the pillow right after I said that about his mom"). Other times I use a more interpretive spin, focusing more on the meaning of the behavior or pattern, with little or no emphasis on the description of the behavior or pattern (e.g., "I am thinking when I say that your mom seems happy being married to your stepdad, you get kind of mad"). As time passes and I have more of a feel for what is going on with the child, I frequently combine a factual comment that describes the behavior or pattern with an interpretation about what it might mean (e.g., "You frowned right after I said that your mom seems happy being married to your stepdad. I am thinking you got kind of mad when I said that").

When I describe the behavior or pattern using the "just the facts" method, I simply make a statement without qualifying it, but when I begin to interpret the meaning, I phrase my metacommunication in a tentative way. Because interpretation is always speculative, I want to be sure that I clear with the child that this is what I think the meaning or underlying significance of the behavior or pattern is, making it clear that this is not a certainty. This also encourages the child to correct or clarify what the meaning or underlying significance is without feeling defensive. It can also ensure that I am not putting my ideas into the child's mind. When I am being tentative, I use conditional words and phrases like, "might be," "maybe," "I would guess," "I am thinking," "kind of," "seems as though," and so forth.

Reflecting Feelings

One of the primary reasons for doing play therapy with children is their developmentally based difficulty with verbally communicating their feelings. Therefore, it is the responsibility of the play therapist to monitor clients' expression of feelings and to reflect those feelings. Children constantly express emotions both verbally and nonverbally. However, they frequently lack awareness of their own feelings, and they may have a limited ability to understand or explain their feelings. Play therapy is a venue that gives children a way to express and understand their feelings.

To be able to reflect the child's feelings, the counselor must constantly watch and listen. The child expresses emotions with body language and voice intonations. The counselor must be aware of all of these elements of the child's communication to be able to accurately reflect emotions. Posture, proximity, gestures, and facial expressions are all important components of the child's body language. The tone and pitch of the voice, the speed of the speech, and the inflection of the sentences all convey affective information. Whether Seamus stands straight and proud or hunched and timid; whether Kate stands close to or far away from the counselor; whether George speaks in a timid, shaking voice or with a loud, clear timbre communicates many things about how the child is feeling and how she or he views herself or himself, the world, and others.

Both play and verbalizations provide data about feelings. Choices about which toys to play with and which art materials to use can tell the counselor much about what is happening in the child's life. The order with which the child plays with them can also be informative. How the child plays with toys and uses the art materials can add more information about how the child is feeling. Does Katherine pick up the doll and then throw it on the floor and stomp on it? Does Felipe pick the doll up and rock it and sing to it? Does Melissa put one doll on top of another and move it up and down? Does Ivan use black paint to cover up his picture of his family?

The counselor must also monitor the child's words. The child may express emotions verbally by talking directly to the counselor about feelings, have puppets or dolls use words to express feelings, tell stories about the feelings or friends and relatives, or make random comments about feelings during the course of the play.

Although all of these factors are important components of children's affective expression, there is no set method for understanding the meaning of the various elements. All children have unique methods of expression. They often have different patterns of communication with the various people with whom they have relationships or within the various situations in which they find themselves.

My goal is to learn how individual children are going to communicate with me. When I have figured this out, I adapt my own communication to theirs so that I can optimize my chances of conveying my ideas in a way that works for them. I spend the first several sessions observing and learning children's unique way of expressing feelings. I make a lot of guesses about feelings during the course of these initial sessions, and I watch how they react to each of my guesses. In this way, I determine how specific children are going to express their emotions.

Once the counselor has gained an understanding of the child's unique method of expressing emotions, reflection of feelings is a very simple technique. All the counselor has to do is to make a statement about what he or she thinks the child is feeling.

Examples of reflections of feelings:

- "You look kind of angry when you hit that punching bag."
- "You sound very happy. It seems like you had a lot of fun at the zoo today."
- To a puppet whose dog died, "You feel really sad because your dog died."
- About a doll who is interacting with another doll, "When his brother said that to him, he felt really mad. He was so mad that he wanted to hit his brother."

When reflecting children's feelings, the counselor should keep statements simple and clear. It is not necessary to give children an elaborate analysis of why they are feeling those particular feelings or try to convince them that they should not be having those feelings. It is not usually helpful to ask children how they feel. They seldom have an answer to this question because they do not have that level of self-awareness or feeling vocabulary.

It is also not appropriate to use the phrase, "That makes you feel..." One of the basic premises of Adlerian theory is that a person's subjective interpretation of a situation will determine his or her reaction to the situation. Given this belief, no external force, person, or event can make a person feel an emotion. In play therapy, just as in counseling with adults, the counselor's job is to use language to help the client take responsibility for the client's emotions, attitudes, thoughts, and behaviors. The counselor can help the child to own her or his reactions and actions by carefully choosing the words used to reflect feelings.

Effective reflection of feelings requires using vocabulary that children can understand. Children who are 4, 5, and 6 years old usually think in terms of sad, mad, and glad. They tend to label all of their feelings with these words or with synonyms for these concepts. They seldom have the expressive vocabulary to label other, more subtle, emotions. They may not relate to abstract concepts or feeling words that represent "deeper" emotional nuances, such as humiliated, ashamed, content, or distraught. For instance, Santiago, a 4-year-old boy whose mother spanked him in front of the other members of his preschool class, may feel humiliated and ashamed, but he will not necessarily recognize these feelings if the counselor articulates them for him. He will recognize his feelings if the counselor says that he felt sad or angry. Sometimes the counselor will want to increase the child's feeling vocabulary by using words that are just a little bit beyond the child's expressive vocabulary (Kottman, 2001). The child can then choose to incorporate the concept in his or her receptive vocabulary and eventually use these newly acquired words and concepts expressively as well.

As children get older, they can understand more abstract feelings and they are ready to increase their expressive vocabularies. With older children (7-, 8-, and 9-year-olds), if the counselor chooses to use a word that the child might not comprehend, it is important to monitor his or her reaction to the comments closely. This way the counselor can get an idea about whether the child understood the word. If the child does not comprehend the meaning of the feeling word, the counselor can use a different, less abstract word to clarify the feeling reflection.

Usually the surface feelings expressed in the playroom are very obvious and simple. Josh, a 7-year-old boy, comes into the playroom and says, "I got into a fight on the playground today. Billy beat me up. Now I'm going to beat him up in here." Josh is obviously angry, and he wants to act out that anger in the playroom. Part of the responsibility of the play therapist is to reflect those simple, surface feelings. Sometimes the surface feelings are the only emotions present in the situation.

Other times the child may be experiencing underlying, deeper feelings. The counselor must reflect those feelings as well. Josh may be feeling embarrassed that he got beaten up in front of the other children in his class. He may be feeling weak and afraid that this kind of thing will happen to him again. He could have a thousand subtle, less obvious feelings. I always consider what I know about the child and the way the child expresses feelings before I make a guess about the deeper emotions. It is not necessary or desirable to reflect a deeper emotion every time the child expresses a feeling. However, I want to be alert to the possibility that the child is experiencing underlying feelings and be ready to reflect them when they exist.

When the play therapist reflects a feeling, he or she must observe the child's reaction to the reflection. The child always reacts to the reflection, but each child's reaction is unique. Watching the child carefully to be able to understand the communication involved in the child's reaction is a key element in this strategy. As the therapist gains clinical experience, it becomes easier to understand different children and their special forms of communication.

There are several patterns evident in children's reactions to reflections. If the child makes a verbal response, she or he may simply agree with the play therapist's comment. This usually means that the guess about the feeling was accurate but that it did not particularly affect the child emotionally.

The child may disagree with the comment or correct the therapist's guess without a lot of emotion attached to the disagreement. This usually means the counselor's guess was off-base. For example, I might say to Jill, an 8-year-old girl, "Seems like you're kind of afraid of that rat." She could say, "No. I'm not afraid of him. I just don't want him here. My mom says rats are dirty, and I don't like dirty stuff." This type of disagreement is rather matter-of-fact and usually means that my guess was inaccurate but not particularly significant to the child. When this happens, I try to use this as an opportunity to demonstrate the "courage to be imperfect" (Dreikurs & Soltz, 1964, p. 38). I will say something like, "Oh well. I made a mistake," or "Sorry I got that wrong. Thanks for helping me by telling me how you feel."

If the child disagrees with the play therapist's guess in a vehement manner, it could mean that the reflection was accurate but that the child does not want to deal with those feelings at this time. For instance, when I make a guess that Jill is afraid of the rat, she might say, "You're so stupid. Of course I'm not afraid of that rat. I'm not afraid of anything." In this case, Jill seems to be overreacting to the comment. When this happens, I must use both my clinical judgment and my knowledge about this particular child to decide whether the child seems to be overly reactive to the comment. Whenever the child has this type of reaction to one of my reflections of feelings, I make a guess about the feelings underneath the reaction and reflect them. I might say, "You seemed kind of angry when I said that you were afraid of the rat. You don't want me to think you're afraid of anything." To avoid getting into a power struggle over whether I was right, I might add, "Well, it's something to think about. Some people might be sort of afraid of rats."

A violent reaction could also mean that the play therapist's reflection was incorrect and that the child was hurt or angry about the inaccuracy. In that case, Jill might say something like, "You never get anything right. You just don't understand me. I'm not afraid of the rat. I was just pretending, and you can't tell the difference." Again, I avoid getting into a power struggle with her about my accuracy or my intentions. I simply reflect the feelings inherent in the child's response by saying something like, "Seems like your feelings were hurt because I didn't understand that you were just pretending to be afraid. You're feeling kind of angry with me for not getting that right."

Even when the child remains silent, there is usually some type of bodily or play response. The play therapist must be alert to subtle, nonverbal cues to understand these reactions.

I never ask the child for a reaction or insist that the child confirm or deny my guesses. I devote all my attention to the child's body language and play patterns to try to discern his or her recognition reflex. For example, Sam is facing me when I make a reflection of his feelings. As soon as I make the reflection, he turns his back toward me. I may have made an accurate reflection that has upset the child in some way, or I may have made an inaccurate reflection that the child is nonverbally rejecting. Sam may have also decided that he wanted something on the other side of the room and turned around to go and get it. It is important to avoid reading too much into every situation.

Answering Questions

Children in play therapy frequently ask the play therapist questions. Adlerians believe that children almost always have some purpose in asking each of the questions they ask. They may just want to make contact with the counselor, they may want to test limits, they may want to explore the counselor's reactions, or they may have a hundred different goals. Before deciding how to answer children's questions, the counselor first needs to consider the purpose of the question.

O'Connor (1991, 2000) listed three main categories of questions children ask in play therapy: practical, personal, and relationship. In a list of commonly asked questions, Landreth (1991) included several other types of questions that seem to fit into an additional category related to the ongoing process of play therapy.

Practical questions. Practical questions are those that ask for factual, commonsense information. They can include frequently asked questions such as the following:

- "Can I go the bathroom?"
- "Is it Friday or Saturday?"
- "How many more minutes do we have left?"
- "How do you open this jar?"
- "Do I come next week, or will we skip next week?"
- "How will I get back to my classroom?"
- "Is my mother still in the waiting room?"

Sometimes the child simply wants to know the answer to the question for the sake of the factual information. If this is the case, it is not really necessary for the counselor to make an elaborate guess or metacommunication about the underlying meaning of the question. Just answering the child's question with factual information is perfectly appropriate.

Oftentimes, even these apparently simple questions have an underlying message in them. When I believe there is additional meaning, I make a guess about the child's purpose in asking the question. For example, when Jamie asks, "Can I go to the bathroom?" he may just have to go to the bathroom. If I think this is the case, I answer the question without further interaction. However, I may believe that Jamie is asking this question because he wants to know the rules in the playroom about leaving the room. If I think this is the case, I make a guess about this curiosity with a comment like, "You're kind of wondering if it is OK to leave the playroom before our time is done." Depending on the child's response to this guess, I may either answer the original question or answer the underlying question the child is asking. If I believe that Jamie is unhappy in the playroom or resistant to some of my comments and that this question is motivated by his desire to leave and escape the therapeutic process, I make a guess about his desire to leave or his feelings of unhappiness and resistance. The child's reaction to my metacommunication about his or her purpose in asking the question determines my next action. If Jamie agrees that his purpose is escape, I will probably not give him permission to leave. If he asserts that he just wants to go to the bathroom, I usually honor his request to continue to establish the egalitarian nature of the relationship.

When Joo asks, "What time is it?" she could be worried that she is going to miss her favorite television show. She could have six more things she has planned to do in the playroom and wants to know if she will have time to get to do all six of them. She could be bored or restless and want to leave, but she knows that you will not let her leave until the time is up. She could be thinking or feeling a thousand other things. I would make a guess about the underlying meaning of the question and then base any further interactions about this question on Joo's response.

Personal questions. Sometimes a child in play therapy will ask personal questions. For example:

- "Are you married?"
- "Do you have any children?"
- "How old are you?"
- "Where do you live?"

Most of the time, the purpose in asking personal questions is to make some kind of connection with the play therapist or to help lower the child's anxiety. Again, the most therapeutic course seems to be to metacommunicate about the child's purpose in asking the question and give a very brief, factual answer. Usually, when the therapist answers the question in a straightforward manner, without appearing threatened in any way, the answer satisfies the child's curiosity and need for contact and reassurance. Sometimes, however, a child persistently continues to ask invasive personal questions. O'Connor (2000) suggested that this may be an attempt to gain control of the session. If the therapist believes that the child's purpose in continuing to ask personal questions is to gain power, it is sometimes helpful to metacommunicate about his or her desire to control situations instead of directly dealing with his or her questions.

Relationship questions. The third category is the relationship question. For example:

- "Do you like me?"
- "Do you play with other children like me?"
- "Can I come home to live with you?"
- "Do you like me better than the other kids who come here?"
- "If you could, would you adopt me?"
- "Do you wish I would come more often?"

These questions almost always have both an overt and a covert meaning. Children use relationship questions to determine the strength of the relationship and to protect themselves from investing more than the counselor has. The most important response to this type of question is to reflect the feelings that motivate children to ask these questions and to metacommunicate about their purpose.

When a child asks, "Do you like me?" I respond with a comment such as "I am guessing that you are not always sure if other people care about you, and you want me to let you know that I care for you." Sometimes it seems important to reassure the child in response to relationship questions, but most of the time, I choose not to answer this type of question directly. They tend to grow from the child's insecurity and feelings of unworthiness, and nothing I say in answer to the child's question is going to counteract those feelings of inferiority. I hope that the growing relationship between us and the child's increasing sense of competence and confidence will eventually fill that empty place within the child. Each counselor has to decide how to handle these questions on a case-by-case basis, depending on the child and the potential for the relationship.

Ongoing process questions. Landreth (1991) provided a list of questions commonly asked by children in play therapy. Several seem to relate to the ongoing process of play therapy. For example:

- "What is this?" (pointing to some object in the playroom)
- "Do you know what I am going to do now?"
- "What should I do next?"
- "Can I throw this at the mirror?"
- "Why do you talk different than other people?"
- "Will you make it work for me?"
- "What is the right way to play with this toy?"
- "What do you think I'm going to color?"

Children's purpose in asking this type of question is usually to help them define the parameters of the process of play therapy and the boundaries of the relationship between them and the play therapist. Children often use questions to solicit help, to try to please the therapist, or to get the therapist to make decisions for them. They may be afraid of displeasing the therapist or breaking the playroom rules. Because of these fears, their questions can be a strategy for keeping themselves safe. They may simply be afraid of taking risks and want the play therapist to eliminate the need for them to make choices or try new behaviors. They may also be trying to set up a game in which the therapist makes guesses about things that they are going to do or what they have on their mind. This can easily develop into a power struggle in which children constantly want to play some kind of never-ending guessing game, which is not therapeutic.

To avoid the possibility of dependency or game playing and to encourage the child's growth, I choose not to answer this type of question. Instead of providing the answer to a process-oriented question, I make a statement that gives the responsibility and control back to the child (Kottman, 2001; Landreth, n.d., 1991). For example, if Germain asks, "What is this?" I might answer, "You want me to tell you what that is.

In here, you can decide what that is." or "It's kind of tough for you to choose what things are. It can be whatever you want it to be." or some other similar response. If Tessa asks, "What do you think I am going to paint?" I could answer, "Sometimes it's hard for you to decide what to do, but in here that is your decision." or "You like to know what you're going to do and try to get me to guess, but you're the only one who knows what you're going to do."

Taking time to think. No matter what kind of question the child asks, the counselor must give himself or herself time to think before making any kind of a response. Whether the counselor chooses to answer the question or not, the decision should be based on a conscious consideration of the possible underlying meaning in the child's question. Almost always, before the counselor gives any type of content-oriented answer to a question, he or she will want to metacommunicate about the child's purpose in asking the question or about the underlying meaning of the question. It may also be appropriate to reflect the feelings that prompted the question. The answer flows from the counselor's intuitive sense of how the child is feeling and thinking. Whatever the response to the child's questions, the counselor's ultimate goal is to build the relationship with the child and help foster the child's self-understanding and self-esteem.

Asking the Child Questions

Sometimes asking questions is the best, most efficient way of getting the information that the counselor needs to build a relationship with the child and begin to understand the child's lifestyle. The questions should not come out of the clear blue sky. They should flow naturally from the conversation with the child or from the child's play. Any questions the counselor asks should relate to what is happening in the session rather than being artificially imposed on the basis of the counselor's curiosity. It is important to remember that the counselor can ask the questions directly (e.g., "Which of the kids in your family gets into the most trouble?") or indirectly through a metaphor (e.g., "Which of the kids in that giraffe family gets into the most trouble?"). Either way, the child's answer will give the counselor valuable information about his or her lifestyle.

It is also important not to overwhelm the child with a series of questions that resemble a police interrogation. To control my own natural curiosity, I limit myself to four or five questions a session.

Types of questions. Open-ended questions glean more information than closed-ended questions because they encourage the child to answer with more than just yes or no. The therapist should begin questions with how, what, when, and where and avoid questions that ask the child why. Why questions are the most common type of questions adults ask children. Many adults seem to feel that problems can only be solved after the child answers the age-old question, "Why did you do that?" Most of the time, children do not know the answer to these questions, and even when they do, the answer does not particularly help the relationship grow or help the adult really understand the child's motivation. Why questions are past oriented. They delve into the historical antecedents of a particular event. The Adlerian play therapist is focused on the present and the future, only using information from the past to help build a picture of how the child functions in the present and make plans for helping the child move to a more constructive and happy future.

When the child does not answer a question. Under many circumstances, when an adult asks a child a question, the child feels pressured to answer the question. If the child does not answer, the adult often tries to force an answer or punishes the child for not answering. In Adlerian play therapy, the child always has control over whether he or she chooses to answer the play therapist's questions. The child may decide not to give a verbal answer to questions. This is the child's right. In an egalitarian relationship, either participant can choose whether to participate in the conversation or not. The therapist must accept the child's decision not to answer a question without making a judgment about the refusal. It is also helpful to remember, though, that even if the child does not verbally answer the question, he or she will probably convey a certain amount of information related to the question through nonverbal communication or through play.

I usually make one of three different types of responses when a child chooses not to answer one of my questions. First, I may not say anything at all. This simply lets the child not answer without interpretation. Second, I may make a factual metacommunication, such as, "You decided not to answer that question." This type of reply conveys my respect and my belief in the child's right to make this type of decision. Third, I may venture an interpretive metacommunication about the child's purpose in not answering the question. Among possible purposes the child may have in ignoring the play therapist's questions are (a) the question may address a sensitive area that the child is not yet ready to explore with the play therapist, (b) the child may choose not to answer because she or he wants to demonstrate that the play therapist does not have the power to force an answer, or (c) the child may choose not to answer because he or she has learned in his or her family that ignoring adults is a reliable way of keeping them involved with him or her.

Nonverbal responses. Regardless of the type of response the counselor gets to a question, he or she must always watch children's facial expressions, body language, and play behavior, noticing any nonverbal reaction to the question. Even when children choose to ignore questions or give brief noncommittal answers, their behavior should communicate something about their reactions to the questions.

The child may make a face or flinch or have some other type of obvious recognition reflex. If this happens, I assume that I have hit some kind of nerve, that this question has touched on a sensitive area in which the child may need some assistance eventually. If the child switches activities or accelerates the speed or level of behavior in the current activity, this may also indicate that the subject of my questions is an area that needs further exploration. If the child simply continues to play whatever he or she was playing when I asked the question, with minimal physical reaction, I usually believe that his or her ignoring of my question has little or no underlying significance. The child may be absorbed in the play or the question may involve some topic in which he or she is not particularly interested.

Adlerian play therapy questioning strategies. One strategy for building the relationship is using questioning strategies to get to know the child. Almost all of the questions in Adlerian play therapy fit into one of two distinct categories: (a) questions related to the presenting problem or ongoing events in the child's life and (b) questions related to the exploration of the child's lifestyle

Sometimes I ask children questions about how they are currently handling some particular aspect of the presenting problem. My purpose in asking this type of question is to let children know that what is happening in their lives is important to me, that I am concerned and involved in their lives both inside and outside the playroom. I am always sure to ask these questions in a nonjudgmental, supportive way so that children do not think that I am just checking up on them or urging them to make progress on the presenting problem.

There are two ways of asking this type of question. One way is to ask a general, "How is it going with...?" question. For example:

- If Lucinda has a history of talking back to her teacher and we have been talking about different ways of handling that situation, I might ask, "How is it going with your teacher?"
- If Jeremiah has a history of being teased on the bus, I could ask, "What's happening on the bus with the other kids lately?"
- If Yasmin reports feeling troubled about being adopted, I might ask, "What thoughts have you had lately about being adopted?"

The second way is to ask a specific, "How could you change one particular aspect of...?" question. For example:

- If David's presenting problem is public masturbation and we have talked about private places he could masturbate, I might say, "Where are some other places at home where no one would see you if you wanted to touch your privates?"
- If Catalina's presenting problem is inappropriate expression of feelings and we have been working on ways of appropriately expressing feelings, I might ask, "How could you tell your mom that you're angry about that without getting into trouble?"
- If Enrique's presenting problem is poor academic performance and Enrique has told me that he is particularly struggling in spelling, I could ask, "How did your spelling test go this week?"

Whether to ask this type of question depends on several factors, including children's ages, their cognitive abilities, and their openness to talking about the presenting problem and how it affects their lives. Children under the age of 7 or 8 and children with limited cognitive abilities may not understand why they are coming to play therapy. If this is the case, there is seldom reason to ask them questions about their progress outside the playroom or their application of new behaviors learned in the playroom to other situations. With these populations, it is usually best to rely on reports from parents, teachers, and other adults who come into contact with the children.

The other type of questions Adlerian play therapists ask are designed to further establish the relationship by exploring the child's lifestyle. Dinkmeyer and Dinkmeyer (1977) adapted the work of Dreikurs (1967) and Mosak (1971) in developing the Children's Lifestyle Guide. I have further adapted this guide so that it is appropriate for use in play therapy. Lifestyle questions for children generally fit into four broad categories: family, school, social/friends, and general. A list of the kind of questions you can use in play therapy to build rapport and help you begin to understand the child and the child's lifestyle is in Appendix G.

Some of the family questions assume that the child has siblings. If the client is an only child, the counselor usually simply changes the comparative questions into straight information-seeking questions. This involves replacing questions such as "Which of the kids is most like your dad?" with "How are you like your dad?"

It is important not to bring this long list of possible questions and ratings into the playroom. The counselor should become familiar with the list outside the playroom and be prepared to ask the questions that fit naturally into the flow of the interaction with the child.

Examples of how to blend questions into the normal communication patterns of the play therapy:

- As Lorinda is playing with the dolls in the dollhouse, she tells you that the big male doll is the daddy. By adapting some of the family questions and asking her to tell you about the daddy, you can use the metaphor of the doll family to solicit her observations about her own father.
- Ichiro is playing in the kitchen area, and he tells you that he likes to help his mommy cook. You might explore his feelings about his mother by reflecting his feelings and saying, "Seems like you really like to do things with your mother." Then you could use this opportunity to ask a question, such as, "Which one of your parents are you most like—your mommy or your daddy?"
- Candace sets up the dolls so that they can be the students and she can be the teacher in some school play. You could use the metaphor to ask any of several questions about her attitude and behavior in school, such as "What do the kids in this class like best about school?" or "As the teacher, what would you change about school since you are in charge?"
- Santiago is telling you about a television show he saw during the week. You might use some of these questions to explore: "What did you like about that television show?" "What is your favorite television character?" or "If you were the main character on that television show, what would you do to solve the problem?"

Asking a limited number of questions per session, it would take you many, many sessions to ask the child all of the questions in this list. It is not essential to ask every single question. You will want to select questions that help you better understand children's perceptions of how they fit into their families and their classes.

I always try to get a general idea about what the child sees as her or his assets and liabilities. I also ask questions that deepen my understanding of the child's perception of the problem and how she or he wants life to be different. This helps me formulate my goals for the play therapy relationship.

Returning Responsibility to the Child

It is really important to avoid doing things for children that they can do for themselves or making decisions for them. The primary method used in play therapy to make sure that this happens is to return responsibility to the child (Kottman, 2001; Landreth, 1991). When the play therapist returns responsibility to the child, he or she lets the child know, either directly or indirectly, that the child has the ability to take responsibility for himself or herself and be successful in his or her actions and choices. Many times the act of returning responsibility to the child gives the child who has little or no courage permission to take risks and try things that he or she would not ordinarily attempt to do. This technique can also be very helpful for children who do not believe that they are capable or that they count.

I return responsibility to children when they explicitly or implicitly ask for help and in some situations in which I feel a need to help them even though they have not indicated a desire for assistance. I almost always return responsibility to children when they ask me to do something for them that I believe that they can do for themselves.

Some examples of returning the responsibility to the child around behaviors:

- Sasha asks, "Can you zip my jacket for me?" You could say, "I bet you can do that for yourself."
- Phil asks, "Will you get that game for me?" You could say, "It's my guess that you can figure out how to get the game."
- Alberto says, "I can't tie my shoes." You could say, "You are wanting me to tie your shoes. You tied them last week, so I know that you can do it."
- Margarita says, "How do you make these handcuffs work?" You could say, "If you look at the way they fit together, I would say that you can figure it out."
- Gerhard is unsuccessfully trying to zip his jacket, because he really isn't paying attention to what he is doing. Then he looks at you in a pitiful way. You could say, "I bet if you really focus on what you are trying to do, you can do it all by yourself."

There are times when I choose not to use this skill with children. I may believe that (a) the child is not capable of taking responsibility for the behavior, (b) the child is engaging in regressive behavior and the therapist believes that this behavior is appropriate for that particular child, (c) the child's history indicates that the child may need someone to take care of him or her in certain situations, and (d) the child's life is not going particularly well and the child needs special nurturing. In these cases, I usually invite the child to collaborate with me on accomplishing the task by saying some variation of, "Let's work as a team and figure out how to do that."

I never make decisions for children because I think they are always capable of making choices and I want to convey this faith in their decision-making power to them.

Some examples of returning the responsibility to the child around decisions:

- Dmitir says, "What color should I paint the rabbit?" You could say, "You can decide what color you would like the rabbit to be."
- Marta says, "What do you want me to do now?" You could say, "Right now you are in charge, so you can decide what you want to do next."
- Christopher says, "I wonder what baby's name is." You could say, "You can choose a name for him."
- Eva says, "What is this?" You could say, "In here, it can be whatever you want it to be."
- Caleb says, "I can't decide what to draw." You could say, "This is totally up to you."
- Justin looks at a group of animal figures. Then he looks at you as if to say, "Which one would should I choose?" You could say, "Looks like you want my help choosing what to play with, but I know that you can figure that out for yourself."

Interacting Actively With the Child

One of the ways that the Adlerian play therapist builds the relationship with children is to interact with them actively. Sometimes the therapist plays with children at their request. Other times, the therapist initiates playful interactions.

Children request that the therapist play with them for a variety of reasons—some of them positive and some of them negative. They could be (a) looking for a way to emotionally connect with the therapist, (b) inviting the therapist to use toys and play as a way of communicating, or (c) wanting a model for appropriate play behavior. Other times their motivation is not always so constructive. At times, children ask the therapist to play because they believe that (a) they are expected to play with the therapist, (b) the therapist will be more inclined to like them if they ask the therapist to play with them, or (c) they cannot make good decisions and they want the therapist to determine the direction of the play (Landreth, 1991). They may also want to demonstrate some kind of power over the therapist or control over the session.

When a child requests that I play, I usually make a guess about the child's purpose in asking. Examples of metacommunications about the child's purpose in asking me to play:

- "It's hard for you to make up your mind what to do, so you think if you ask me to play with you that I will decide for you."
- "You'd really like to get to know me better, and if we play together we will learn more about each other."
- "If we play this game, then you can tell me what to do."

- "You seem kind of sad today, and you'd like to have me down on the floor and be closer to you."

Most of the time, if I think there is a chance that playing with the child will help to build the relationship in constructive ways, I metacommunicate about any underlying goal of the invitation to play and then I accept. However, when I believe that the child's purpose is manipulative or negative, I make a guess about his or her goal and then decline the invitation. When I do this, I state my position in a nonjudgmental way, using a phrase like, "I choose not to play right now." When I do this, I always watch for the child's reaction so I can be sure to metacommunicate about the reaction.

Playing with the child gives you opportunities to model appropriate behaviors, reframe negative situations, teach skills, and examine goals of behavior. For example, Courtney, a child who thinks winning is so important that she is willing to cheat to guarantee her success, could benefit from the play situation therapeutically if you (a) reflect her feelings of frustration and fear of failure, (b) make guesses about her need to win and her need to control, (c) make guesses about her self-image and how that is affected by success and failure, (d) model socially acceptable sportsmanship and game-playing behavior, (e) encourage any appropriate behavior on her part, (f) reframe mistakes and failure in terms of opportunities for learning, and (g) teach her new interaction skills and alternative ways of playing the game without cheating.

However, when you choose to play with a child, it is essential that the interaction be a continuation of the therapeutic process. When you are playing, you need to retain your ability to make therapeutic comments, including tracking, reflection of feeling, metacommunication, and encouragement. You should not get so involved in the process of the play that you lose sight of your role as counselor.

It is helpful, whenever possible, to let children lead the play. I often ask children what they want me to do next to ensure that they feel that we are sharing the control of the interaction. If I forget to do this or the children do not like something I choose to do, the children almost always let me know that they wish for the interaction to move in a different direction or they wish that I would consult them more often or give them more control. When I think this course would be the most therapeutic one, I try to accommodate their requests. However, with children who are trying to assert control over me, I try to metacommunicate about the underlying purpose in their request and then inform them that I want to do things my way instead.

I initiate playing with a child, especially during the second phase when I am gathering information about the child's lifestyle and in the fourth phase when I am using the play to teach the child new skills. I use this type of interaction to explore different aspects of the child's life, such as her or his family atmosphere or attitude toward school. Frequently, the best way to access this information is through play rather than through asking the child direct questions. If I believe this to be the case, I set up a scenario or a game for us to play together. For example, I may have a suspicion that Erline is being abused but have no evidence to support my suspicion. I could ask Erline to play in the dollhouse with me. I will not lead the child or ask a lot of questions. We could just play in the doll house together, or I could set up a specific scenario and we could play. I could take control of the father doll and have him walk into the little girl's bedroom and see how Erline reacts. Another example would be Taro, who denies his parents' report that he is struggling in school. I might ask Taro to play school with me and watch how he reacts.

During role playing or in a game such as hide-and-seek, the play therapist can let the child take the lead in the activity by using the Whisper Technique (Kottman, 2001; G. Landreth, personal communication, November 1985). In a role-playing situation, the therapist uses three separate and distinct voices: his or her own regular voice, the character voice, and a whisper. It is best for the therapist to use his or her regular voice to track, reflect feelings, metacommunicate, and generally make therapeutic comments about what is happening with the child. The therapist uses the character voice to say things in the character that the child has created for the role play. The therapist uses the whisper voice to ask the child what to do or say next, allowing the child to control the direction of the role play. Using the whisper voice to ask the child for directions seems to distinguish between the therapist and the character. An example of my using the Whisper Technique in a role play with a child:

> Brian: "Let's play that the mommy gets mad and spanks all the kids."
> Terry (regular voice): "You want to pretend that all the kids get spanked." (whisper): "Which one do you want me to be?"
> Brian: "You be the mommy. I'm the kid, and I have the baby with me."
> Terry (whisper): "What do I do now?"
> Brian: "You say, 'You are in big trouble now!'"
> Terry (whisper): "How should I look?"
> Brian: "You look real mean, and you say it and you have the paddle."
> Terry (in a mean character voice): "I'm going to spank you and the baby. I have the paddle."

Brian (running away from me, holding the baby away from me): "Ohhhhhhh!"

Terry (regular voice): "You sound scared. Looks like you are going to protect yourself and the baby from me, make sure you're both safe."

Brian (still holding the baby away from me): "I won't let you hurt us."

Terry (regular voice): "It's important to you to keep yourself and the baby from getting hurt." (whisper voice): "What should I do now?"

Brian: "You chase me around the room and try to grab me and the baby."

Terry (whisper voice): "Should I say anything?"

Brian: "No, you just scream."

Terry (chasing the child around the room—character voice): "ARRRRRRGGGHHHHH!"

Brian: "You can't get us!!!"

Terry (regular voice): "You know how to take care of yourself and your baby both."

Brian: "Yup. You can't hurt us."

Terry (regular voice): "You sound pretty proud that you know how to keep safe." (whisper voice): "What should I do now?"

Brian: "You say, 'I can't get these kids. They keep getting away.'"

Terry (character voice): "I can't get that kid and the baby. They keep getting away. That kid knows how to keep them safe."

In this particular example, Brian ends the role play on a positive, encouraging note. He believes that he can protect himself and others. I added several encouraging editorial comments during the course of the role play, such as "That kid knows how to keep them safe," to affirm his feeling of strength and his ability to take care of himself.

Often, however, children do not have such optimistic resolutions to their fantasies. This is perfectly natural. Most children who come to play therapy lack healthy self-concepts or accurate perceptions of their own assets. Role playing with another person, regardless of whether children choose to play out an event with a positive or negative resolution, may help them gain a better understanding of themselves and others. As children direct role plays, they can explore different options and alternative behaviors for themselves. This is why many play therapists frequently encourage children to control the direction of the role play and the actions and words of the characters.

It is also possible to use the Whisper Technique to let the child be in control during interactive activities that do not involve role playing, such as hide-and-seek and pitch-and-catch. When the play therapist uses the Whisper Technique in these situations, the character voice gets omitted, leaving the whisper for asking for direction and the therapist's regular voice for making therapeutic comments. The therapist would use the whisper to ask the child, "Where do you want me to hide?" or "How should I throw the ball?" or "How hard do you want me to hit it?"

Initially, especially with children from families in which they have too little power and children with chaotic families, children may not know how to handle being asked to take charge of the play. These children have yelled at me, refused to answer, and stopped playing. However, if I metacommunicate my ideas about what is going on with them and persist on asking them to direct the play, they usually overcome their distrust and get very excited about being in charge—sometimes to the point of becoming playroom tyrants and trying to boss me around even when I am not using the Whisper Technique.

There are times when I do not wish to let the child lead the direction of the play, such as when I want to teach the child a specific skill or when I believe the child is stuck during a fantasy play sequence and needs help moving forward in the play, which sometimes happens to children who have experienced traumatic events (Gil, 1991; Terr, 1983, 1990). In these situations, I simply decide what I want to do next (without consulting the child) and do it. Occasionally, if I have routinely used the Whisper Technique with a child and the child is used to being in charge of the play, there may be a strong reaction to this new way of doing things. However, most of the time the child simply goes along with the direction I have chosen.

Cleaning the Room Together

Part of the process of establishing the egalitarian nature of the relationship in Adlerian play therapy is cleaning the room together with the child. I want to let the child know that we have a working partnership in which both of us are responsible for our actions. We work as a team to straighten the room together, in a collaboration that the child controls. The child is in charge of determining how the team goes about the task—who does what and the order in which we tackle each task. In my experience, cleaning the room together does not inhibit most children from expressing their thoughts and feelings in the playroom. Children who need to make a mess or throw all of the toys on the floor do so, regardless of the fact that they know we are going to clean up the room together at the end of the session.

How to set up the cleaning team. If the counselor decides that cleaning the room together is important, establishing the routine is very simple. Ten minutes before the end of the session, the counselor tells the child, "There are 5 more minutes before it's time for us to clean up together." Five minutes before the end of the session, the counselor stands up and says to the child, "OK. It's time for us to clean up the room together. What do you want me to do/put away? What are you going to do/put away?" These announcements and any discussion about the cleaning are articulated in the counselor's usual matter-of-fact voice, without any badgering or judgment in the tone of voice or body language. It must be clear that the cleaning is not a punishment or a reflection of the counselor's own need for neatness but rather an exercise in cooperation and shared responsibility.

By putting the child in charge of the assignment of tasks and the pacing of the cleaning procedure, the counselor can usually engage his or her interest in the process. This avoids potential power struggles that might ensue if the counselor is more directive and controlling. This technique communicates the counselor's interest in sharing the responsibility for the progress of the therapy and the growth of the relationship with the child. It also establishes that the child has a certain amount of power and control in this situation.

If children get distracted, I remind them that they chose to pick up the objects they are picking up. I usually reflect their feelings and make a guess about their purposes in not following through with the task they assigned themselves. They may be trying to extend their time in the playroom; they may be trying to avoid doing their share of the cleaning and hoping that I will take over their responsibilities; they may be wanting me to take care of them. Based on children's behavior in the past, their present behaviors, and their nonverbal communication, I usually have a relatively good guess about their purposes. Then I give them the opportunity to reconsider and to reassign the tasks. Again, during this process, I am careful not to use a punitive or judgmental tone of voice or body language. I want to communicate the spirit of cooperation in both my verbal and nonverbal messages.

When I have a child who dawdles or gets easily distracted, I try to turn the cleaning up into a game. I may challenge the child to see if he or she can pick up the assigned objects before I can pick up mine, or I may challenge him or her to pick the objects up faster this week than last week, offering to time him or her so we can see which time is faster. There are many creative ways of engaging the child in a positive manner, so that cleaning the room together does not become a power struggle or a disagreeable chore.

When a child refuses to help clean the playroom. When I am not successful in avoiding a power struggle and a child absolutely refuses to collaborate on the room cleaning, I believe in giving choices. I try the least restrictive choice first, by saying to the child, "You can choose to clean up the room together, or you can choose not to play with the (whatever object the child is not picking up at that point) next session." This is based on the premise that the child has not completely trashed the room and that it is possible to delete whatever objects he or she decides not to pick up from the repertoire of available options during the next session. If the child has taken most of the toys off the shelves or simply refuses to work with me at all on the clean-up process, then I give the big-guns choice. I say something like, "You can choose to help in the clean-up process, or you can choose to be in a different room without all the toys next week." When the child chooses this option, I always try to reflect whatever feelings he or she is expressing and metacommunicate about the purpose of the behavior.

A child who chooses this option is usually testing the limits of the relationship and whether the play therapist will be consistent and calm. It is essential to maintain a pleasant, matter-of-fact demeanor and a nonjudgmental, untroubled tone of voice when giving the child these choices. The play therapist must not have a vested interest in the child's choice. To avoid getting drawn into power struggles and to convey the egalitarian spirit of the relationship, the play therapist must be perfectly amenable to either choice. If the child makes the decision not to clean up the room, the play therapist must not show that he or she takes this choice personally or negatively.

On the occasions when a client chooses the big-guns option, the counselor may wish to have the next session in an alternative, empty room or hang a sheet in front of the shelves. When this happens, I usually bring a game or some art materials into one of the other offices and tell the child, "You decided not to have all of the toys this week, so I chose which toys to use this week in our session." I seldom have a child who chooses this option more than once.

With children who choose this option repeatedly, the counselor should look very closely at the purpose of the child's behavior. Most of the time, these children have a massive need for power, or they exhibit many of the symptoms of attention deficit hyperactivity disorder (ADHD). With the power-needy children, the counselor should reconsider using cleaning the room as a relationship-enhancing strategy. With the ADHD children, they may be indirectly trying to communicate that they are overwhelmed by a fully equipped playroom filled with toys. The counselor might want to think about moving the play sessions to a smaller room with less stimulation and fewer toys.

Exceptions to cleaning the room together. Cleaning the playroom together is not an absolute rule in Adlerian play therapy. There are some children who come to play therapy exhibiting signs of rigidity and compulsive behavior. These children are "too tight" (Kissel, 1990) and need help feeling more free. Too-tight children often have control of self as their personality priority. In the playroom, they tend to automatically clean up after themselves and spend a great deal of their energy making sure that things do not get out of control. When I work with this type of children I try to loosen them up. Too-tight children tend to believe they count conditionally and that they must continue to be too tight to be loved and accepted by others. This may truly be the message sent in their families, or it may be one of their mistaken beliefs. However, regardless of the origin of their tightness, I do not want to send them a message they can construe as recommending continued rigidity and compulsivity. Cleaning the room together could easily be sending a message that the children interpret as telling them that they need to persist in their pursuit of tightness. To loosen these children up, I repeatedly reassure them that they do not have to tidy the room to gain my acceptance. However, to make up for the absence of this type of team-building experience, I usually have to work harder with too-tight children to establish a partnership in which we both work together for their benefit.

The counselor may also work with other types of children for whom collaboratively cleaning the room will not serve to deepen the relationship. For instance, I will not ask James, a child engaged in a perpetual power struggle with his parents about cleaning his room, to help pick up the room. Such a request will sabotage the relationship from the start. As an Adlerian play therapist, I always consider each child as an individual, with unique perceptions and problems. I try to tailor my intervention to each individual child based on my understanding of his or her particular lifestyle and needs.

CASE EXAMPLE

I am beginning a case example in this section that continues in chapters 8, 9, 10, and 11. In this chapter, the case example illustrates how an Adlerian play therapist can begin the therapeutic relationship with parents and use play therapy techniques to build an egalitarian relationship with a child during the first phase of therapy.

Mrs. Tracy Fox called my office to schedule an appointment for her daughter, Keesha, who was 8 years old. In that initial conversation, Mrs. Fox described Keesha's behavior as "difficult," "uncooperative," and "confusing."

I asked Mrs. Fox and her husband, Leander, to meet with me for a parent consultation session before I met Keesha, and she agreed to a meeting. I explained my procedures to them, stressing my belief that when a child has a problem everyone in the family is usually contributing to the problem (sometimes unconsciously) and everyone in their family would need to be involved in working to make changes. Tracy and Leander agreed that they were willing to engage in ongoing parent consultation and were also willing to involve their other two children, Dion (age 18) and Othelia (age 16) in the therapy process.

Dr. and Mrs. Fox described the family as "a little chaotic, with all the activities everyone is involved in, but warm and loving nonetheless." Dr. Fox was a college professor, whose specialty was sociology, and Mrs. Fox was a realtor. They were a biracial couple. Dr. Fox was African American, and Mrs. Fox was Caucasian. Both of the older children were star students, successful athletes, and very involved in social and academic extracurricular activities. Dr. and Mrs. Fox felt proud of Dion and Othelia and believed that they had been "mostly successful" in their parenting of the two older children. Mrs. Fox explained that they were not experiencing a sense of competence in their parenting of Keesha. She described her as a "change-of-life baby. She came as a complete surprise. Though we were initially not very happy about the pregnancy, all four of us were excited by the time she was born. I'm afraid in some ways she has had four parents, not just two." Dr. and Mrs. Fox were both concerned that Keesha was exhibiting rather erratic behavior, both at home and school. At times, she was very compliant, helpful, courteous, and considerate; at other times, she had temper tantrums when she did not get her way, engaged in verbal power struggles, refused to do her chores, talked disrespectfully to all of the other members of the family, and generally exhibited uncooperative and noncompliant behavior. They reported that her teacher had observed a similar pattern of behavior. I questioned them about whether they had noticed any kind of pattern of antecedent events (either at home or at school) that might be triggering her noncompliance, and they could not think of any specific interactions that seemed to set off this behavior.

When I asked about discipline philosophies and procedures, they confessed that they were not very consistent. Dr. Fox reported that he was "very indulgent. I assume if the children want something, they should be able to have it. I grew up in a very poor family, and I want my children to have the best of everything. I just don't want to say no to them." Mrs. Fox was the disciplinarian in the family. She reported that she was very strict and tended to set rigid guidelines about appropriate and inappropriate behavior. They described Dion and Othelia as alternately indulgent, teasing, and bossy in their relationships with Keesha.

In my first session with Keesha, because I had already formed a hypothesis that her goal of misbehavior was power, I started our session by telling her that in the playroom sometimes she could be the boss and sometimes I would be the boss. She ignored me and got right to exploring the toys. She was eager to play and did not really want to listen to me explain all of the different elements of confidentiality and other logistical concerns involved in play therapy. When I talked, she interrupted me, saying, "Can't we just play? Everyone in my family always talks and tells me what to do. I just want you to play with me." I metacommunicated about her desire to have me be different from the other members of her family and to focus on the fun part of the play therapy process, not the explaining part, and she nodded and smiled.

Keesha did a lot of exploring in the playroom, gravitating toward the animal figures, which she sorted into piles based on species, and the doll families, which she sorted into piles based on race. I used tracking, restating content, metacommunicating, and reflecting feelings during this session to establish a connection with her. She was perfectly willing to clean up the room together—telling me to put away the dolls while she put away the animals. Keesha asked me where the animals went, but she was standing right in front of the correct shelf, so I returned responsibility to her by letting her know that she could decide where to put them. She put the toys back on the correct shelf, giving me a chance to use encouragement for her willingness to make decisions and her ability to remember where she got them.

During the second session, Keesha asked a lot of questions about the other children who worked with me, questions about what I was going to tell her parents during parent consultation, and questions about what the rules were in the playroom. I made guesses about the goals of her questioning and answered her as factually as I could. She then switched into playing mode, being very insistent that I play by her rules. We played school and house, with her being the teacher and the mother, respectively, and me being the child. In both situations, she dictated that as the child I must refuse to do what the teacher and the mother told me to do, that I "be nasty" to her and tell her that she couldn't tell me what to do. Then she would punish me, having me sit in the corner, write sentences, spend time on a pillow that she had designated as my room. I alternated between using the Whisper Technique to ask her what she wanted me to do and say and making up my own dialogue to talk about my feelings as the child. I talked about feeling sad and discouraged, feeling like I didn't have any control and that others wanted to control me, feeling as though there was nothing I could do to please the grownups in my life. She would occasionally nod or shrug as I did this. I used my normal "therapist" voice to metacommunicate about the feelings of the mother and the teacher—that they were not sure how to help this little girl, they were confused about what was going on with her, they wanted to make sure that she did what she needed to do, and they were trying to figure out ways to get her to do those things. Keesha looked interested and a little puzzled as I made this kind of observation.

At the end of this session, she refused to help me clean up the room until I set the limit that in the playroom we needed to work together to pick up the toys. She looked as though she was about to throw a tantrum, as her parents had described. I reflected that she was really angry with me and set the consequence that if she chose not to work as part of the team we would play in another room with just a few toys the next time she came. After I set this consequence, although she grumbled about it, she helped pick up all the toys and put them away.

By the third session, I had begun to establish rapport with her and had an inkling about Keesha's Crucial Cs, mistaken goals, and personality priorities, but I needed more information to truly understand her lifestyle. I was ready to begin to ask some questions and moved into the second phase of the play therapy process.

SUMMARY

The first phase of Adlerian play therapy, building an egalitarian relationship, begins when the counselor meets the child and continues throughout their interaction. In the initial sessions, the counselor begins to establish rapport by asking the child what he or she thinks about coming to play therapy and demystifying the process by explaining about logistics, parent and teacher consultation, and confidentiality. The counselor uses skills such as tracking, restating content, metacommunicating, reflecting feelings, answering questions, asking questions, returning responsibility to the child, interacting actively with the child, and cleaning the playroom together to continue to establish rapport and deepen the connection with the child. Encouraging, setting limits, and understanding Crucial Cs, mistaken goals, and personality priorities of discouraged children are also elements in the evolution of the relationship between the counselor and the child. These skills and concepts are discussed in chapters 3, 6, and 7.

Chapter 6

ENCOURAGING

ADLERIANS BELIEVE THAT people who come to counseling because they are experiencing difficulties dealing with life's problems are discouraged. One of the most important strategies in working with clients from an Adlerian perspective is the use of encouragement.

> Encouragement helps clients believe in themselves and develop self-efficacy and the "can-do" spirit. Encouragement creates a positive self-fulfilling prophecy that may provide the necessary momentum to move a client toward goal resolutions....Perhaps the most important facet of encouragement lies in the overall communication of optimism and belief in the human potential that all people have. (Nystul, 1999b, p. 35)

The Adlerian play therapist consistently uses encouragement throughout all four phases of the play therapy process. Encouragement is especially important in building the relationship with the child and in helping to reorient and reeducate the child. It is also an essential tool in the process of gathering information about the child's lifestyle and helping the child to gain insight into his or her lifestyle. In thinking about using encouragement with children, the therapist should tailor the type and delivery of encouraging statements according to their Crucial Cs and personality priorities.

Encouragement is a key component in parent and teacher consultation in two different ways. It is essential that the play therapist (a) use encouragement as a tool to give parents and teachers feedback on their own improvements and efforts and (b) teach parents and teachers how to use encouraging techniques with children and other adults.

As parents begin to see themselves and their child differently, incorporating Adlerian concepts and strategies into their parenting, the

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therapist can encourage them to continue to integrate their new attitudes and behaviors into their relationship with their child. The therapist can also encourage teachers to be consistent in applying Adlerian techniques for understanding and interacting with children. Encouragement is one of the primary vehicles for improving attitudes and relationships among children, parents, and teachers. By providing these important adults with ideas about how and when to use encouragement in their interactions with others, the therapist can plant a seed that will provide a bountiful harvest of increased social interest, positive attitudes, and constructive behavior.

HOW TO ENCOURAGE CHILDREN

The basic premises of the encouragement process are the same no matter what the setting or context (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Nystul, 1999b; Sweeney, 1989). To encourage a person, the counselor must do the following:

- Convey unconditional acceptance. Place value on the person as he or she is, without wanting, needing, or expecting any changes.
- Show faith in the person's abilities. Recognize current achievement and give the person credit for progress.
- Give recognition for effort.
- Focus on strengths and assets.
- Emphasize the deed and the joy of doing, not the doer.
- Give credit for the good part of what was done and ignore the parts that do not come up to standards.
- Show involvement in the person's interests.
- Let the person know that sometimes you make mistakes too. Model the courage to be imperfect.
- Help the person realize he or she can learn from mistakes and that mistakes do not have to be negative or devastating.
- Make sure the person discovers a positive way to gain significance.

A creative Adlerian play therapist can use all of these principles to encourage children in play therapy. Each of these principles is discussed in the following sections.

Unconditional Acceptance

In any play therapy relationship, it is essential to convey unconditional positive regard for all children. The therapist must value children as they are right at that moment. If the therapist believes that children are good and worthwhile and conveys that faith to them, they are more likely to act as if they have all the attributes the counselor sees in them. When the relationship in the playroom begins, the therapist must suspend any judgments based on the children's history or past relationships. It is essential to convey a sense of acceptance and warmth to children. The play therapist must limit and impose standards of acceptable behavior for the playroom, at the same time communicating that he or she values the children, regardless of their human imperfections or inappropriate behaviors.

In my interactions with children (and parents and teachers), I want my behavior, my verbal and nonverbal communication, my attitude, and my presence to say, "I value and respect you for just being you. You don't have to do anything to earn that caring and respect—just be yourself." I convey this by radiating acceptance and caring for them—whether they are doing things that I do not like or doing nothing at all or doing things that I find personally pleasing.

While unconditional acceptance is important for all human beings, it is absolutely essential for children who believe that they do not count or that they "only count if..." and for children whose personality priority is pleasing. By providing acceptance that is profound and unconditional, the therapist can convey that these children are important and valuable—no matter what.

Show Faith in the Child's Abilities

The counselor must show faith in the children's ability to cope with life. If the counselor conveys a belief that the children have the capacity to overcome challenges and solve problems, they are more likely to believe in themselves. The greater children's belief in themselves, the more likely it is that they will be successful because they will be "acting as if" they can accomplish whatever they set out to accomplish. The counselor's respect and belief helps inspire the development of self-respect, self-confidence, and a sense of self-efficacy.

I am always enthusiastic and excited whenever a child reports a victory—whether it is large or small. My positive comments about useful acts or contribution often have great importance to the child. The more I tell the child that I believe in him or her, the more the child believes in himself or herself. Positive shifts in a child's belief system can snowball, inspiring constructive decisions and behaviors, which lead to encouraging feedback from others—additional confirmation that I was right to believe in the child and that the child was right to believe too. As time passes, the child incorporates these positive beliefs and the evidence that supports them into his or her lifestyle.

Examples of encouragement designed to show faith in the child's abilities:

- "You figured that out for yourself."
- "You look really proud of yourself. Seems like you think you're pretty good at that."
- "You can do that."
- "You can decide how to do that."
- "Wow—you did it!! You look pretty excited about the way you got that to work."

This method of encouragement is especially appropriate for children who struggle with believing that they are capable and for children whose personality priority is comfort. For children who do not have confidence in their own abilities, it is absolutely critical for some important adult to show faith in them. Because these children frequently want to argue about whether a show of faith in their abilities is justified, the play therapist must be prepared to give evidence to support this belief and to be steadfast despite negative feedback and doubt from the children. Because comfort children tend to avoid putting out the effort it would take to accomplish anything, they usually have very little evidence to support a sense of their own self-efficacy. When the play therapist expresses a belief that they can do whatever they set their minds to doing, it often motivates them to generate enough energy to change this pattern.

When I encourage a child to do a certain task, I want to be sure that he or she is capable of that particular accomplishment. Adults frequently insist that a child can do something "if only he (she) would try harder." If the child is not capable in that particular area, this pressure to achieve is discouraging rather than encouraging to the child, especially to children who do not believe they are capable to begin with.

The play therapist should always look for improvement in children's abilities. Children need to hear encouraging words every time they make progress or try something they have been unwilling to attempt previously. It is important to watch carefully for signs of positive change and comment on them, no matter how small the improvement. This conveys the belief that children can grow and change.

Examples of encouraging based on improvement:

- "You are learning how to get that holster buckled. Last week you had trouble getting it hooked, and this week you did it without any problem."
- "You are getting better and better at stacking those blocks. You've got them just the way you want them this time."

- "It looks like you're disappointed that the line isn't exactly straight, but you have that row a little straighter this time than you did the last time. You keep getting it closer and closer to the way you want it."

Recognize the Effort

Many times children only get noticed when they are totally successful in an endeavor. They may not attempt to do new things because they are afraid that they might make mistakes or fail. They may only do things they are absolutely sure they can do flawlessly. Sometimes children get so discouraged by this that they stop trying to do new things. In play therapy sessions, the counselor needs to make positive comments about children making an effort to do something, especially something they believe they are not able to do successfully. By noticing their efforts, the counselor acknowledges that making an attempt, especially when they are not guaranteed success, is important and worthy of respect.

Examples of giving recognition for effort:

- "You thought you couldn't do that, and you tried anyway."
- "You're really trying to fill that strainer with the sand. You're working very hard on that."
- "You look a little disappointed that you didn't get the lines as straight as you wanted them to be. Sometimes things don't turn out exactly like you want them to. You sure tried hard at that."

When acknowledging the child's effort, I usually reflect her or his feelings. It is important to point out any disappointment, anxiety, pride, or any other feeling I detect in the child. I want to communicate that effort is just as (or maybe even more) important than achievement. As I mention the child's behavior and feelings, I avoid using the word "but" in my comments. The word "but" in a sentence (e.g., "You didn't succeed, but you tried very hard") implies that an attempt does not quite measure up. Such comments sound like consolation rather than encouragement.

This method of encouragement is extremely appropriate with children who have limited courage and children whose personality priority is comfort or superiority. Children who lack courage have become so discouraged that they have given up trying. Even a tiny effort is a huge accomplishment for these children, so the play therapist must be constantly alert for opportunities to make positive comments about them being willing to take the risk of trying. Comfort children also tend to avoid putting out the energy to make an effort or take a risk, so they, too, can use supportive feedback for any attempt at movement.

Superiority children usually avoid doing things without a guarantee of success, so when they make an effort without this guarantee, it is a big deal. The play therapist can help these children shift their focus away from constantly beating themselves up for not always reaching their impossibly high personal standards by encouraging them for effort and ignoring perfection.

Focus on Strengths and Assets

Part of the process of encouragement in Adlerian play therapy is focusing on strengths and assets. Many of the children referred for play therapy are not aware of their own assets. The counselor asks children during the first several sessions to talk about things that they do well and things that other people like about them. Many children say that they do not know of anything they do well and they do not know of anyone who likes them. Even those who say that someone else likes them seldom know what that person likes about them.

I believe every child has something that he or she does well, something that he or she can contribute. When the child believes that there is nothing he or she does well and he or she does not have a positive contribution to make, it is often due to the fact that he or she has not learned how to gain significance in constructive ways—in the family or at school. Sometimes the child's assets have gone unnoticed because of other factors (e.g., death in the family, divorce, multiple at-risk children, a teacher who is personally struggling) that preclude the awareness or acknowledgment of the child's strengths. For example, Jane was an 8-year-old who demonstrated mature and responsible behavior, making dinner several nights a week and getting excellent grades in school. Jane's mother drank excessively, and her father worked all the time because he did not know how to cope with his wife's drinking. Jane's teacher referred her to play therapy because she was quiet and withdrawn. Jane's parents seemed surprised that her teacher expressed concern. They were so absorbed in their own problems that they had little energy left for Jane. They had not noticed or acknowledged the ways she was contributing to the family, her many strengths, or her increasing distress and withdrawal.

Sometimes the child's assets have gone unnoticed in the family because the family values do not assign any particular merit to them. For example, Donell was a 7-year-old boy who had excellent social skills and many friends and admirers but weak academic skills and relatively low intellectual functioning. The values in Donell's family required that all members of the family have high academic achievement and high intellectual functioning. Donell's parents did not believe that wonderful social skills and popularity were valuable assets. They constantly chastised him for not doing well in school and not trying hard enough, without ever noticing that everyone in their neighborhood and in Donell's school thought he was a wonderful little boy.

Sometimes the child's assets have gone unnoticed in school and in the family because the child has decided that she or he cannot gain significance by making a useful, positive contribution, and she or he creatively constructs a negative method of gaining significance. For example, Marie was a 6-year-old girl with three perfect older siblings. Marie's parents reported that their oldest child was the smart one, their next oldest child was the athletic one, and their next oldest child was the popular one. Teachers at Marie's school agreed with Mr. and Mrs. Mendez's assessments. All the influential adults in Marie's life had labeled her as "the bad one." They had not noticed that Marie was also intelligent, coordinated, knowledgeable about social rules and interactions, and incredibly creative in thinking of ways to get negative attention in the form of punishment.

In Adlerian play therapy, the focus on strengths and assets is twofold. The play therapist encourages the child by pointing out his or her assets in the session and encourages the parents and teachers by reframing the child's behavior in consultation sessions. The therapist starts this process by exploring the child's personality and behavior and determining what his or her strengths are. It may be necessary for the therapist to change his or her perspective to be able to look at the child's personality and behavior to find something that the child does well or ways in which the child makes a contribution—even if it is something not usually considered to be a strength, such as being wonderful at irritating authority figures, having a wide-ranging vocabulary of curse words, or providing a distraction to a teacher whose marriage is disintegrating.

When I discover this treasure trove of riches, I begin to make comments about the child's strengths in the play therapy sessions. It is essential to point out positive personality characteristics and useful acts or contributions the child makes. Initially, I use concrete examples of actions and interactions from the play therapy session. Eventually I broaden the scope of my comments to more global observations about how those attributes and behaviors are probably transferring to situations and relationships outside the playroom and how they really are essential elements of the child's lifestyle.

The key component in encouragement involves continuously focusing on the child and his or her feeling of accomplishment and pride about whatever the asset is. Sometimes the child does not recognize that particular trait or act as a strength and may not show positive emotions. The counselor can reflect feelings of pride or a sense of accomplishment even if there is no obvious evidence of these positive emotions. This attitude serves to indicate to the child that he or she might want to consider feeling good about that particular characteristic or behavior.

Examples of encouraging the child to become aware of his or her own assets:

- "You know how to figure out how to work things."
- "Once you decide you're going to do something, you sure don't give up very easily."
- "You look really proud of yourself for building that tower."
- "Wow! Seems like you know exactly what you want to do in the sandbox. You look pretty sure of yourself. I bet you usually know what you want to do when you decide to do something."

This is an essential strategy of encouragement for children who do not believe that they can connect, that they are capable, or that they count, but I tend to avoid using it with children whose personality priority is superiority. With children who do not have faith in their ability to connect or the skills necessary to build and maintain relationships, it is a wonderful experience to have someone who notices their strengths. Because they have few close relationships with other people, they seldom are able to think of someone who likes them or believes that they have a contribution to make. The play therapist can make a great impact on these children by inundating them with positive feedback about their assets. It is also healing for children who do not believe that they are capable and children who do not believe that they count to hear someone else tell them that they are, indeed, capable and that they do count, which is what this method of encouragement provides.

The reason I avoid using this approach to encouragement with superiority-oriented children, especially outdoers, is that I have had it backfire on me several times. It seems that the more I notice their assets, they more they develop a craving for hearing about those assets, which can be counterproductive, because I do not really want them to overuse their accomplishments or strengths to counteract their feelings of inferiority. These children often react to feedback about strengths by (a) demanding more and higher levels of positive feedback, (b) setting their standards even higher (e.g., "If you think that was impressive, wait until you see this"), or (c) escalating their tendency to compare themselves with others.

After I have formulated an idea about some of the child's strengths, I want to extend the power of encouragement by sharing my discoveries with parents and teachers. Most of the time, a child who comes to play therapy has self-destructive, self-sabotaging elements in her or his lifestyle—private logic and mistaken beliefs about self, others, and the world. The box of her or his lifestyle is almost always causing a problem for the child, for other members of the family, or for teachers and other school personnel. One way the play therapist can help is to redefine the child for the important adults in the child's life. As the therapist consults with parents and teachers, he or she begins to point out discrepancies between the child's behavior and the way the child, the family, and the school staff have defined the child. This may involve unnoticed strengths or unacknowledged flaws in the child. At first, parents (and teachers) may be resistant to this process. Family members and school personnel are usually convinced that the child belongs in the box and do not want to think of her or him in a different light. One of the primary reasons these important adults cling to the remnants of the box is that letting go of it will require that they change their own attitudes and behaviors. Another reason for resisting new ways of thinking about and interacting with the child is that if adults admit that this will be helpful and necessary to do so, they will also have to admit that they have been in error in their relationship with the child, which may entail some guilt feelings. Getting around this resistance takes patience and the ability to remember that the adults have boxes of their own and may need help and encouragement to get out of them enough to let the child out of his or her box.

It sometimes helps to begin the process of inviting parents and teachers to think about the child in different ways by acknowledging the parts of the box that are accurate. For example, Joan was an 8-year-old girl who always looked unkempt and refused to let anyone brush her hair. Joan's box was that she was a messy, uncontrollable child who refused to obey her parents and teachers. Joan's parents were both extremely tidy people who never had a hair out of place. Her behavior upset them considerably. I began by acknowledging that Joan was choosing to be kind of messy. Then I began to redefine her behavior as being creative and ingenious by talking about the interesting ways she chose to wear her hair and how intelligent and imaginative she was being to create some of the styles she wore. This method did not completely negate the box that Joan's parents saw around her, but it did add a new dimension to the way they viewed her.

Emphasize the Deed, Not the Doer

Another technique for encouraging children in play therapy is to focus on the deed and the joy of doing rather than on the doer. This strategy allows the counselor to pay attention to positive actions and avoid making value judgments about children. Many people use phrases such as "What a good painter you are!" or "You're such a good little helper!" or "You're a real spoiled brat!" or "You poured all that water into the sand. You're really a messy kid." These comments imply that children have no inherent value apart from their behavior, that their value depends on what they do rather than on who they are. In play therapy, the therapist wants to convey caring to children, regardless of their behavior. One way to do this is to separate children from their behavior. The play therapist simply makes comments about children's feelings about their own positive behavior without making any kind of judgment or evaluation. By emphasizing children's sense of accomplishment and joy in doing things, the therapist can encourage them to continue to try useful behaviors.

Examples of focusing on the deed and not the doer:

- "Wow! You painted a picture. That was fun for you."
- "You picked up all the soldiers and put them away. You look like you feel proud of yourself."
- "It seems as if you have fun pouring the water into the sand."
- "You really like shooting at me and at yourself in the mirror."

This is a very effective strategy for working with children who do not believe that they are capable and those who do not believe that they count. It is also helpful for children whose personality priority is pleasing or comfort.

With children who do not accept their own competence and children with comfort as their personality priority, making sure that they hear feedback on their accomplishments can be really helpful. These children have always been so convinced that they do not accomplish anything that this process can be transformational. It is essential to watch their reactions to this kind of information, though, because many times they are so in the habit of not hearing or acknowledging positive feedback on their deeds that they will discount any encouragement that comes their way that is centered on their deeds.

Children who do not believe that they count or who believe that their significance is conditional and children whose personality priority is pleasing tend to spend a great deal of their energy looking for ways that feedback can be about them (in a negative sense). For instance, when someone says that they did a good job painting a picture, they immediately go to all the other pictures they painted and doubt whether those pictures were any good. When someone tells them they like the dress they are wearing or that they are pretty, they tend to think that this means their worth depends on their appearance. As the play therapist shifts the focus of the feedback to emphasizing the child's pride and sense of accomplishment and deemphasizing the connection between the child's behavior and the child's worth, this can help the child begin to believe that his or her worth is not dependent on pleasing others or on making sure that others notice or approve of him or her.

Focus on the Positive

When children's behavior has both positive and negative components, it is much more helpful to them if the counselor can give them credit for the constructive aspects of their behavior and ignore the self-defeating, destructive aspects of their behavior. Many times, parents and teachers focus exclusively on the negative facets of children's activities without ever acknowledging the positive aspects. Parents and teachers make comments such as "Only 97%? How did you mess that up?" or "You missed 5 of the first 10 balls that came onto your side of the field. How could you let that happen?" or "You were fidgety the last 10 minutes of the movie. Why are you always so inconsiderate?" One way to encourage children in play therapy is to focus on the positive parts of their behavior, catching them when they are behaving appropriately or pointing out the appropriate parts of what they are doing.

Examples of giving credit for the useful parts of children's behavior and ignoring the useless parts of the children's behavior:

- When Adiv misses the target 10 times but hits it 6 times: "You got the target 6 times. Wow!"
- When Racquel threatens to smash fragile items in the playroom with the hammer but hits sturdy items instead: "You thought of two different things you could hit with the hammer that wouldn't be broken if you hit them."
- When the play therapist sets a limit about pouring water into the sandbox, Bihn continues to pour some of the water in the sand but pours the rest into the sink: "You decided to pour the rest of the water into the sink."
- "You got a 97% on your homework? I bet you're pretty proud of such a high grade."

Focusing on the positive has a similar effect to the encouragement tactic of emphasizing the deed on children whose personality priority is comfort and pleasing and children who are convinced that they are not capable and they do not count. It provides an experience in which they hear that others accept them—with no conditions. This method of encouragement is also helpful with children whose personality priority is superiority or control.

Because superiority children invest an inordinate amount of their energy focused on their feelings of inferiority and the ways that they are not living up to their own standards, they really pay attention to the negative aspects of their lives and the ways in which they are not measuring up. Children whose personality priority is control tend to focus on the things that they cannot control and waste their energies on trying to assert themselves over these out-of-control elements of their lives. By ignoring negatives and concentrating on positives, the play therapist models a more constructive way to approach self-evaluation and a more realistic way to allocate energy.

Demonstrate Involvement in the Child's Interests

Another way of encouraging a child is to show involvement in her or his concerns. The child may be interested in dragons, baseball, the circus, constellations, or any number of topics. The child usually wants to discuss these interests with the important adults in her or his life. Many adults seem to be unwilling to take the time to listen to a child about the things she or he thinks are important—her or his activities and fantasies. By conveying involvement in the child's excitement about her or his interests, the counselor can encourage the child to feel good about herself or himself and the things she or he values.

Examples of showing involvement in the child's interests:

- "How did your soccer game go last week?"
- "I see that you brought a picture of a dinosaur to the playroom today. It seems like you know a lot about dinosaurs."
- "You got a new kitten! You sound really excited about it. Do you want to tell me about him?"
- "What's the best thing about playing catcher? What's the hardest thing?"

This particular form of encouragement is easy to accomplish. All the counselor has to do is to express a willingness to ask about certain topics, listen, and ask questions at appropriate intervals. Having the undivided attention of an adult about something that is important to them helps children gain confidence in themselves and their worth.

This encouragement strategy is especially helpful with children who do not feel significant and children who struggle with connecting with others. Having an adult spend time concentrating on one (or more) of their interests can be incredibly encouraging to children who do not believe that they count because if they did not count, the adult would not bother to spend the time and energy to listen to them. Showing an interest in their interests is also very helpful to children who do not believe that they can make connections with others. By engaging with the play therapist in this way, these children can experience what it feels like to have a reciprocal relationship with someone special. They can also learn, through the play therapist's modeling of this technique, an important social skill that they can use in other relationships.

Model the Courage to Be Imperfect

One of the most empowering encouraging remarks an adult can make to a child is an acknowledgment of a personal mistake. By modeling the "courage to be imperfect" (Dreikurs & Soltz, 1964, p. 38), the play therapist can send a powerful message that it is OK to make a mistake and not to be right all of the time. This is a very freeing experience for the child.

Examples of the courage to be imperfect as a tool for encouraging a child in the playroom:

- "I forgot to turn on the light. Thank you for turning it on for us."
- "Oops! I said something silly. That didn't make any sense."
- "I got a different marker. I wanted a green one, but I picked up a blue one."
- "I'm sorry. I goofed that up. I will do it differently the next time we play this game."
- "When we were playing catch, my throw went wild. I am really sorry the ball hit you."

Sometimes I purposely make mistakes so that I can model this behavior. I usually try to make my mistake something small and easily correctable, like the color of a crayon or using the wrong token if we are playing a game. I want to convey to the child that I can make mistakes, fix them, and learn from my mistake—that it is acceptable to be less than perfect. If I accidentally make a mistake that might hurt the child's feelings, I always apologize to the child. When this happens, the child is invariably shocked that an adult would apologize to him or her. As an Adlerian play therapist, it is essential to be willing to apologize as a way of showing respect and building an egalitarian relationship.

Obviously, this technique is great with children who lack courage. It is also powerful for children whose personality priority is control or superiority. When the play therapist shows that he or she has the courage to be imperfect, this models to children that taking risks and making mistakes do not have to be devastating. Although these children usually have been told this many times before, having it demonstrated can sometimes make the idea more real to them. Actually seeing someone who they admire and respect make a mistake and cheerfully survive can help children believe that this is possible. This form of encouragement can move children to try new things, ask questions, make mistakes. Making the abstract idea of "it's OK to make mistakes" into a concrete experience allows children to let themselves be a little out of control and gives them permission to be less than perfect.

Learn From Mistakes

The play therapist can use children's own mistakes to encourage them. Many times children get very upset about making a mistake or accidentally breaking or spilling something in the playroom. The therapist can help them realize that it is often within their power to correct the mistake and help them determine ways of rectifying the situation. This process can help children learn from each mistake and decide if they want to act differently in the future. It can also help children learn to evaluate realistically any harm that could result from accidents.

Examples of ways to use a child's error or accidents to encourage and empower:

- "You look like you're really sad because you used blue paint when you really wanted to use red paint. How could you fix it so it would be the way you want it to be?"
- "You sound angry because you lost the game when you put the X there."
- "You look kind of scared that something bad might happen to you because you spilled the paint. Accidents happen in the playroom sometimes. What is the worst thing that can happen if you spill some paint like that?"

When I am trying to help a child realize that he or she can learn from his or her own mistakes and that errors in judgment or accidents do not have to be negative or devastating, I first focus on how the child is feeling about the mistake. It is helpful to use incidents in which the child seems to be feeling bad about the experience. The child may believe that there is nothing wrong with the current situation. In that case, the old saying "If it ain't broke, don't fix it" applies to working with children and play therapy. I do not intervene unless the child has a negative reaction. If the child does seem to feel badly, I reflect the feeling. Then I make a nonjudgmental observation about the facts of the mistake. In this process, I must be careful to avoid emotional language, negative labeling, and nonverbal expressions that might convey disapproval or anger. I sometimes make a comment that all of us human beings make mistakes at some point in our lives or mention that children frequently have accidents or make mistakes in play therapy.

During the reorientation/reeducation phase of counseling, you might want to ask the child a question like "What can you learn from this?" or "How might you do things differently the next time?" to indicate that making a mistake does not do permanent damage and to help the child actively learn from the experience. You might even use the predicament to generate some brainstorming and problem solving so that the child realizes that there are many possible alternative reactions and future behaviors. However, it is important to avoid overusing this strategy. Not every moment is a teachable moment, and sometimes when you try to turn a nonteachable moment into a teachable moment, it will backfire on you.

This strategy for encouraging children works with the same populations as the technique of modeling the courage to be imperfect—children who lack courage and have superiority or control as their personality priority. By suggesting to these children that mistakes are not bad or fatal and reframing mistakes as potential learning experiences, the play therapist can help instill a belief that taking a risk and not succeeding is not the end of the world.

Generate Positive Ways for the Child to Belong

Adlerians believe that all human beings have a need to belong. If they cannot find positive ways to gain significance, children will find negative ways to gain significance. A play therapist has several methods for helping children learn to belong in a useful way. One method to encourage children is to help them discover ways they can stand out in a positive way in their families or in school. The therapist can do this by focusing on assets observed in the playroom and suggesting ways that children can optimize those strengths at home and in their classrooms. Another method of encouraging a child is to put him or her in the role of an expert about something that I want to learn. I ask the child for help or instructions on how to successfully execute some type of activity. I must, of course, choose an activity in which the child feels he or she has some level of expertise and in which I feel that I lack expertise. (Because there are many things I know nothing about, this is not usually a problem for me! Jacob, my son, recently asked me, "Mom, what *do* you know about?") A key to this technique is to avoid faking ineptitude because the child will recognize insincerity, and this defeats the entire purpose. I only ask the child for help when I genuinely want and need it.

Examples of asking the child for help:

- "I don't understand the directions to this game. You say that you've played it before. Can you tell me how it is played?"

- "I'm not very experienced at chess. Could you give me a suggestion for my next move?"
- "You know a lot about television shows, and I don't usually watch television. What is a good one to watch on Saturday morning?"
- "I can't get this cash register to work. Can you give me a hand?"

During the reorientation/reeducation phase, you can have the child come to play sessions with one or two other children. This is a way for you to encourage the child to use the assets she or he has exhibited in one-to-one sessions—but with other children instead of with an attentive and caring adult. If you are working with a group in play therapy, it is sometimes helpful to structure some of the group activities to showcase each client's strengths and allow her or him to experience a positive way to gain significance in a group while the child also has continued therapeutic support and encouragement.

Examples of ways to encourage a child to find positive ways of belonging to a group:

- "When we are in the playroom, I notice you always smile at me. I wonder what might happen if you picked out one person in your class who you wanted to be friends with and smiled at him?"
- "You really know how to fix things in the playroom. I bet you could figure out something that you could fix like that at home."
- "When we are in the playroom by ourselves, you throw the ball really high. Can you show the other kids how high you can throw that ball?"
- Talking to parents: "Heather has gotten a lot of practice at taking turns in the playroom. I would like you to play Old Maid or Go Fish with her every night this week. Let her go first and then take turns. Encourage her whenever she remembers to let you have your turn."
- Talking to a teacher: "Chang Zheng is feeling very proud of his drawings lately. The next several times he draws a picture, could you be sure to encourage this participation—and perhaps even hang his pictures on the bulletin board?"

Obviously, this encouragement strategy is especially effective for children who do not have connecting skills. These children constantly struggle with finding constructive ways to belong, and this technique provides them with a vehicle for learning connecting skills and gaining confidence in their ability to make and maintain relationships.

APPLICATION TO PARENTS AND TEACHERS

All of these encouragement techniques will also work when applied to parent and teacher consultations. The play therapist can also teach parents and teachers to apply encouragement skills.

Using Encouragement Skills With Parents and Teachers

Adults want to belong and gain significance just as children do, and they want to succeed in their interactions with the children in their lives. While consulting with parents and teachers, the Adlerian play therapist uses the same methods to encourage them for the efforts they are expending and the changes they are effecting, taking into account their Crucial Cs and personality priorities. This will help them to prevent discouragement and backsliding into old, ineffective, but familiar and comfortable parenting and teaching habits.

Helping Parents and Teachers Learn to Use Encouragement Skills

While getting encouragement from the play therapist is a wonderful experience for children, they do not spend the majority of their time in the playroom. A real key to encouraging children is for other important adults to be sending them similar encouraging messages. Therefore, a critical component of the Adlerian play therapy process is teaching encouragement skills to parents and teachers.

One method of proceeding would be to adapt the list of encouragement strategies from this chapter to use as a teaching guide. The play therapist would work with parents or teachers, explaining the skill, demonstrating the skill, and then providing opportunities to practice the skill (both with the play therapist and with children). If the play therapist thought that it would be helpful to the adults, he or she could also give them instruction on the Crucial Cs and personality priorities and then help them learn to apply specific encouragement skills. For parents, this would entail thinking about their particular child and deciding which encouragement strategies would be most effective. For teachers, the emphasis could be on those populations of children that give the teachers the most difficult time in the classroom. It would also be helpful to facilitate the adults in thinking about which of the encouragement strategies they would be most effective applying and which ones would present problems for them.

Another method of proceeding would be to use one of several different published guides designed to teach parents and teachers about Adlerian skills (Lew, 1999). (See chapter 4 for more information on working with parents and teachers and Appendix G for a list of resources designed to teach parents and teachers to apply Adlerian principles.) The play therapist could focus just on encouragement skills or include training on other Adlerian principles, depending on how much time was available and what the "students" wanted to learn.

There are several different delivery routes available to you if you wish to teach parents and teachers how to use encouragement skills. These include (a) teaching the skills to individual parents or teachers; (b) teaching parent groups, with a specific emphasis on encouragement; and (c) doing in-service workshops for teachers. Your setting, your client base, and your natural inclinations should dictate the format you use to teach encouragement skills. I have used all three of these formats, and they are all effective.

SUMMARY

Encouragement is a key intervention strategy throughout the process of Adlerian play therapy. The counselor can encourage children, parents, and teachers by demonstrating unconditional acceptance, showing faith in their abilities, recognizing their efforts, focusing on their strengths and assets, emphasizing the deed not the doer, focusing on the positive, demonstrating involvement in their interests, modeling the courage to be imperfect, helping them learn from their mistakes, and generating positive ways for them to belong. To optimize the effects of the encouragement aspect of Adlerian play therapy, the counselor can teach parents and teachers how to encourage children, so that they are bombarded by encouragement everywhere they go.

Chapter 7

SETTING LIMITS

SETTING LIMITS IS an essential component in establishing the relationship with children in play therapy (Bixler, 1949; Ginott, 1959; Kottman, 2001; Landreth, 1991; Moustakas, 1953). In Adlerian play therapy, the therapist encourages children to express their feelings, wishes, thoughts, or fantasies—no matter the content. The therapist limits direct acting out of harmful behavior and helps children to generate socially appropriate methods of expression. Having clear and consistent limits in the play session helps the therapist to communicate a sense of safety and security to children. It also helps ground the therapy in reality: In real life, there are rules, boundaries, and limits. Admittedly, the situation in the play session will not always correspond directly to the real world. However, interactions in play therapy need to have some groundedness in reality so that children can generalize the insights and skills they acquire in the playroom to other settings and relationships.

The aim of Adlerian limit setting is to enhance children's self-control and to teach them that they have the ability to consider alternative behaviors and to redirect their own inappropriate behaviors. Because children actively participate in the process, they begin to develop a sense of responsibility for adhering to limits and consequences. In Adlerian play therapy, the counselor can use limit setting to diminish power struggles and enhance the relationship with children.

WHAT TO LIMIT

The basic rules in Adlerian play therapy are as follows: (a) The time in the session has a limit; (b) toys stay in the playroom; (c) the child is not to damage the toys or other materials; and (d) the child is not to harm the therapist, herself or himself, or other children in the playroom. These limits are absolute limits (Bixler, 1949). They are not negotiable because they protect people and property from harm and anchor the therapy to reality. The child does not have an active voice in deciding on these limits.

There are, however, some relative limits (Bixler, 1949) in Adlerian play sessions. Activities such as putting water in the sandbox, using the hammer, throwing objects, jumping on the punching bag, and finger painting are all behaviors that need to have parameters set, depending on the setting, the theoretical orientation of the play therapist, the personality of the client, the personality of the therapist, the permissiveness of the child's parents, and the comfort level of the play therapist (Kottman, 2001). For example, most therapists find it perfectly acceptable for the child to put 2 containers of water into the sandbox, but 12 containers of water would not be acceptable. Most therapists have no problem with the child shooting the dart gun, but few of them wish to be hit by the darts, even when they are made of soft foam and would not hurt. This type of limit provides room for allowing the children to participate actively in rule making and limit setting as well as in deciding on appropriate alternative behaviors and redirecting themselves.

WHEN TO LIMIT

Most counselors agree that the best time to limit a child's behavior is immediately before the child does something that needs to be limited (Bixler, 1949; Ginott, 1959; Kottman, 2001; Landreth, 1991). There seems to be little practical or therapeutic benefit from confronting the child with a list of the limits and rules at the beginning of the play therapy. The counselor could not possibly think of all of the behaviors that might need to be limited, and a partial list will simply serve to confuse the child. A list of prohibited behaviors could be an invitation for a child with power as his or her goal of misbehavior or with a personality priority of control to engage the counselor in a series of power struggles. The child can generate enough inappropriate behaviors without getting any help from the counselor.

The primary skill for the timing of limit setting is the ability to use children's nonverbal cues and behavior patterns to anticipate their limit-testing actions. Most of the time, if children are about to do something that they know might not be acceptable, they will telegraph this nonverbally. For example, Zack may look at the counselor, look at the mirror, look at the dart gun, look at the counselor, and point the dart gun at the mirror. About the time Zack begins to raise the dart gun, the counselor should begin stating the limit. If the counselor misses the prebehavior signals or is working with a child who does things impulsively or without warning, the counselor needs to be quick about limiting as near the beginning of the behavior as possible. If the counselor misses the timing, it is frequently a good time to model the courage to be imperfect, by saying, "I didn't talk fast enough to tell you before you shot that time, but I want you to know that it's against the playroom rules to shoot the mirror."

HOW TO LIMIT

In setting limits, the Adlerian play therapist must stay calm and matter-of-fact to convey confidence in the child's willingness and ability to abide by limits. To communicate that the therapist believes that the child will follow the rules and demonstrate self-control, the therapist should sit in the usual relaxed, comfortable posture—facing the child without frowning or grimacing. The therapist's voice should remain at its normal pitch, speed, and intonation, not getting shriller, faster, or louder.

STEPS IN SETTING LIMITS

Setting limits in Adlerian play therapy is a four-step process. First, the play therapist states the limit. Next, the therapist reflects the child's feelings and/or metacommunicates about the underlying message in or purpose of the limit-testing behavior. In the third step, the therapist engages the child in generating acceptable alternatives. If the child continues to break the limit, the therapist and the child collaborate in setting up logical consequences as the fourth step.

Stating the Limit

I use several different variations on my formula for stating limits. When I limit, I say something like:

- The rule in the playroom is . . ."
- "No . . . in the playroom."
- ". . . is against the playroom rules."
- "It is against the playroom rules to . . ."

These phrases suggest that there are certain rules and limits that apply to all of the people who use the playroom. The way I phrase the limits usually prevents children from reacting as if I am the punitive authority figure who is imposing boundaries and preventing them from doing whatever they want. This formulation also tends to short circuit power struggles or adversarial negotiations about what children can and cannot do. The way these limits are stated prevents the enforcement of the rules from becoming personal. The rules are just the rules in the play session. It is really important to avoid using phrases that make the play therapist into an authority figure, such as "I don't want you to..." or "I won't let you..." or "You must not..." Using statements like these to limit makes the limiting process personal, which undermines the egalitarian nature of the relationship and might result in children taking the limit personally and engaging in power struggles about whether the rules should apply to them and whether they have to comply with the rules.

Reflecting Feelings and/or Metacommunicating About Underlying Messages or Purpose

The second step in Adlerian limit setting is reflecting the child's feeling. The play therapist can also metacommunicate about the underlying message in or purpose of the limit-testing behavior.

Most of the time, when the child is about to do something that needs to be limited, his or her feelings are obvious. Examples of reflecting the child's feelings when limiting:

- "Seems as though you're feeling pretty angry at me right now."
- "You're really having a great time pouring the water into the sandbox. Looks like you're feeling free and happy."
- "I can tell you're disappointed, but the sand needs to stay in the sandbox."

In some situations, the violation of the limit is not connected to a feeling. The child may be (a) testing the play therapist, (b) so involved in the play that he or she has not noticed the transgression, (c) trying to provoke a reaction from the therapist, (d) trying to send a covert message to the therapist, (e) trying to provoke another child in the playroom, or (f) trying to fulfill some other purpose unrelated to any kind of obvious feeling. In this case, it is probably more appropriate for the counselor to metacommunicate about the underlying meaning in the message or metacommunicate about the purpose of the child's behavior. Examples of metacommunicating about the underlying meaning of the child's limit-testing behavior:

- "You wanted to let me know that I cannot control you."
- "You were wondering if I would do what I said I was going to do, so you are giving me a little test."

- "You are not sure that you can trust me to follow through, so you are shooting the dart gun to find out if you can."
- "I am not sure that you heard me say that it is against the playroom rules to pour more water into the sand."

Examples of metacommunicating about the child's purpose during limit setting:

- "I can tell you're curious as to what I will do if you try to hit the mirror."
- "Seems almost like you wish I would get mad at you."
- "My guess is that you were paying so much attention to what you were doing that you didn't notice that you were hitting the mirror with the darts."
- "I kind of think you want Jamie to get mad at you."

Many times, when the child does something that needs to be limited, he or she expresses emotions and has a underlying message or purpose behind his or her behavior as well. When this happens, the counselor can reflect the child's feeling and metacommunicate about the message or the purpose. Examples of combining these two techniques:

- "It looks like you're feeling angry with me, and you want to show me that I can't tell you what to do."
- "You're disappointed because I said that it's time to go home. Seems like you're going to let me know that by ignoring me when I tell you that it's time to clean up."
- "You are feeling really hurt by your dad not showing up when he was supposed to. My guess is that you'd like to hurt somebody else right now—kind of hurt them like you're hurting."

Generating Alternative Acceptable Behavior Options

The third step in setting limits in Adlerian play therapy is helping the child generate appropriate choices for his or her behavior, coming to an agreement with the counselor about which of these behaviors are acceptable, and following through with this agreement by behaving in appropriate ways. One of the purposes of this collaborative process of limiting is the enhancement of the egalitarian nature of the relationship between the counselor and the child. Using this method to limit also helps reduce the child's tendency to ignore the redirection and continue to test the counselor's limits. It also teaches the child that she or he can generate appropriate behavior choices and substitute appropriate behavior for inappropriate behavior on her or his own—

without the necessity of adult intervention. The child can apply these lessons about the power of self-monitoring and self-control in other relationships and situations outside the playroom.

Most of the time, the main intervention in this step is to tell the child, "I bet you can think of something you can do that will be OK to do in the playroom." This encourages the child to begin a brainstorming process designed to generate some type of alternative acceptable behavior. The therapist can use this step of limiting to work on the child's reality testing, awareness of rule-governed behavior, and creativity. They use a negotiation process to decide on behavior that does not violate the playroom limits.

Sometimes the child either will not or cannot seem to think of socially acceptable behaviors. When this happens, the counselor often needs to prime the pump by making suggestions for behaviors that will not violate the playroom limits. However, after the counselor lists one or two possibilities, it is essential to refer the matter back to the child, by saying, "Those are some ideas. Let's think of another idea together," or "That is one idea. I bet you can think of another one like it." The counselor must avoid telling the child what to do. If the counselor encourages the child to participate actively in the redirection, the child is more likely to follow through with the alternative behaviors.

For the absolute rules, such as not hurting the therapist or damaging the property, the actual boundary is not negotiable; but the alternative behaviors are negotiable. Examples of this process with the absolute limits:

- "The mirror is not for hitting, but I bet you can think of something that you can hit with the hammer that will be OK."
- "It's against the playroom rules to shoot me with the dart gun, but you can probably think of something in the playroom that you can shoot."
- "The baby doll needs to stay in the playroom, but you can figure out something you can make that you can take home."

With the relative limits, the play therapist can negotiate the actual limit with the child as well as some possible alternative behaviors. Examples of this process with relative limits:

- "In the playroom, you cannot dump all the water you want into the sandbox. How many buckets of water would you like to dump? Well, 12 buckets is too many. What about 2 buckets? You'd like to dump 8 buckets? That's still too many. What about 3 buckets? You would settle for 4 buckets? I think that's reasonable. What about you?"

- "I can tell you would like to use all of the pipe cleaners, but in the playroom we need to save some for the other children. I think 6 is a fair amount. How many do you think is good? You'd like to use 20? That's still too close to using them all. What about 8? You think that you need more than that. I can tell you're getting kind of angry with me, and you think that you should get to use all the pipe cleaners you want. If 20 is too many, but you think 8 isn't enough, what do you think would work in between that? Twelve? I can agree to that. How about you?"

The definition of the acceptable behavior should be clear and measurable to avoid any misunderstanding on the part of either party. By adhering to this guideline, the therapist can avoid getting into potential power struggles over the nature of the agreement. If the agreement is not concrete and measurable, the child may try to spend a great deal of time and energy quibbling over what the agreement meant. Examples of concrete versus abstract wording for limits and alternate behaviors:

- Unacceptable behavior: Pointing the dart gun at target that could potentially be harmed by a dart
    Abstract wording: "The gun is not for pointing in that direction."
    Concrete wording: "It's against the rules to aim the dart gun at the mirror, the lights, or me."
- Unacceptable behavior: Kicking a ball randomly around the playroom
    Abstract wording: "I can kick the ball softly."
    Concrete wording: "I can kick the ball, but it can't hit the mirror, the lights, or you."
- Unacceptable behavior: Pouring an unlimited amount of water into the sand
    Abstract wording: "I am not to pour very much water into the sand."
    Concrete wording: "I am going to pour two cups of water into the sandbox."

At the end of the negotiation process, the child must commit to a definition of what constitutes appropriate behavior in the playroom and agree to conform to this appropriate behavior. Most children do not initially know negotiation skills. Sometimes this is because they are used to getting their own way by engaging in power struggles or having temper tantrums. Sometimes this is because they have never had a voice in any decision-making process. No matter what the reason for lack of skill in this area, the play therapist will probably need to teach them how to state concretely what they want in a reasonable tone of voice and how to compromise.

I usually keep the limits and agreements the child and I have developed in force from session to session. Most limits and agreements are generalizable over time. There is no reason to reopen the discussion every time the child wants to do something that needs a limit if we have already reached an equitable solution. If we have decided that it is reasonable to be able to pour two cups of water into the sandbox, it makes sense that two cups of water will continue to be an acceptable amount of water to go into the sandbox. If we have decided that the dart gun can be shot at everything but the mirror, the lights, and me, it makes sense that these targets will continue to be proscribed.

However, sometimes the circumstance change. When this happens, the therapist may decide that this is the opportunity to model flexibility and reopen negotiations because the agreement needs some adjustment. For example, when a new child joins the play sessions, the therapist might decide to expand the list of prohibited targets to include other children. In other situations, the therapist might decide that the agreement was not specific enough and that it needs some tightening. For example, if the agreement stated that the child would kick the ball softly and as time has passed, the therapist has discovered that he or she and the child have different definitions of softly, the therapist might want to reopen the definition process. Sometimes, the therapist and the child may decide that the agreement is not working out the way they thought it would. For example, Melissa and Gretchen, her play therapist, had agreed in a previous session that Melissa could use two buckets of water in the sandbox, but the consistency of the sand with only two buckets of water did not lend itself to Melissa's enterprise of sand castle construction. Gretchen could express a willingness to change the agreement for this particular enterprise.

With specific children, I opt to renegotiate every week, even when we always come to the same conclusion of what is acceptable behavior. Some children cannot remember and follow through on an agreement week after week and need a reminder of the rules and agreements that are in force in the playroom. Some children have such poor skills in compromise and communication that I use the limit-setting process to give them a chance to practice these skills in a safe environment. Some children have such poor impulse control that I use the limit-setting process to allow them to learn to delay gratification and to communicate their needs and desires. In my relationships with these children, I have chosen to engage the children in setting boundaries and making agreements every session even if we have already negotiated that particular limit in a previous session.

Quite frequently, this third step is the last step the counselor needs to use when setting limits. Most of the time, the child abides by the agreement he or she makes with very little fuss. The counselor may have to remind the child of the agreement, but generally speaking, because the child was involved in the decision, he or she will have a vested interest in remembering the limit and complying with it.

Setting Up Logical Consequences

The fourth step in setting limits in Adlerian play therapy is imposing logical consequences when a child chooses to break a limit or not abide by an agreement. Logical consequences is an Adlerian technique designed to encourage responsible behavior (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964; Lew & Bettner, 1996, 2000; Manaster & Corsini, 1982). "If we allow a child to experience the consequences of his [or her] acts, we provide an honest and real learning situation" (Dreikurs & Soltz, 1964, p. 76). A logical consequence is something that happens to a person if he or she "does something or does not do something in terms of a contract, expressed or implied" (Manaster & Corsini, 1982, p. 222). So if the child chooses to break a limit or not abide by an agreement, the play therapist needs to discuss a logical consequence with her or him.

Logical consequences must be related to the misbehavior and be realistic, reasonable, and respectful (Dreikurs & Cassel, 1972; Lew & Bettner, 1996, 2000; Nelson, 1985). Logical consequences must be logically related to the limited behavior so that the child understands the connection between the transgression and the consequence. For example, a logical consequence related to breaking the limit of shooting the dart gun at the mirror might be that the child must put the dart gun away for the rest of the session. An illogical consequence or punishment for this behavior might be telling the child she or he has to sit in the corner for 5 minutes—because there is no connection between what the child did and the consequence.

Logical consequences must express the reality of the social order, not just the opinions and will of the person imposing them. For example, a realistic consequence for pouring sand onto the floor of the playroom might be for the child to have to sweep up the floor with a broom. An unrealistic consequence or punishment for this transgression might be for the child to have to copy "I am a messy child and will not spill sand on the floor any more" 20 times on the chalkboard.

Logical consequences must be reasonable, and the consequence should be in direct proportion to the misbehavior. For example, a logical consequence for kicking a ball into the light fixture might be for the child to lose the privilege of playing with the ball for the rest of the session. An unreasonable consequence or punishment might be for the child to never get to play with the ball in the playroom again.

Logical consequences must be respectful to the child. The child should actively participate in both the decision-making process generating the logical consequence and the application of the consequence. To convey respect to the child, the therapist should always make sure that the child has a choice: to abide by the limit or agreement or to take the consequence. He or she should know and understand the consequences of any decisions before he or she makes them.

In the playroom, I also have the child assume the responsibility for the follow-through of the consequence. I believe that this conveys respect to the child and communicates my belief in the child's self-control and ability to act responsibly. For example, a respectful logical consequence if Jahasanea purposely spilled paint on the floor might be the following: (a) Ask Jahasanea what she thinks should happen as the result of this action and what she thinks should happen if she chooses to do this behavior again; (b) remind Jahasanea as she begins to spill the paint on the floor that we had agreed that if she chose to do this again that she would be choosing not to get to use the paint for the rest of the session; (c) let Jahasanea make the choice without pressure from me; or (d) if she chooses to spill the paint on the floor, let Jahasanea be the one who cleans up the spilled paint and puts the paint away for the rest of the session. A disrespectful consequence or punishment would be me yelling at Jahasanea for being "so messy" and telling her that she does not deserve to get to use paints anymore.

When the play therapist uses logical consequences in the playroom, it is important to remember that the purpose of logical consequences is to help children learn to make responsible decisions and to let them experience the consequences of their choices. Consequences should not be a vehicle for the therapist to impose his or her will on children or to win a power struggle or punish children for doing something that the therapist does not like. When the play therapist uses logical consequences in the playroom, there is never a moral or value judgment about the child or the child's behavior conveyed.

The timing of the fourth step of limit setting depends on the child, the behavior, and the setting. Some children have poor skills in compromise and communication, so I use the limit-setting process to give them a chance to practice these skills in a safe environment. Some children have such poor impulse control that I use the limit-setting process to allow them to learn to delay gratification and to communicate their needs and desires. The procedure I prefer is based on the assumption that the child is going to follow through with the acceptable behavior and not need a consequence. To convey this faith, I wait to discuss consequences until after the child has failed to follow through with our agreement and has violated the rule one time after the third step of the limiting. So, if the child breaks a rule, I set the limit and reflect the child's feelings or metacommunicate about the underlying message or purpose, we negotiate an agreement of what will be acceptable behavior, the child chooses to ignore or defy our agreement, and then I initiate a discussion about consequences for the next time the child does not abide by the agreement.

However, this sequence is not always possible or optimal. Sometimes the most appropriate time to discuss a consequence is during the negotiation for setting up the agreement in the third step. This linking of the third and fourth step is frequently necessary for (a) a child who has repeatedly demonstrated that he or she will not abide by agreements, (b) behaviors that are so totally unacceptable that they will have some type of adverse effect if allowed to happen even one time (e.g., punching the therapist or another child), (c) a therapist with a high level of anxiety about whether the child will follow through with the agreement, or (d) a setting that would preclude having the child act out some specific inappropriate behavior (e.g., a child who takes off his clothes and runs through the halls in an office building). There are other times in which there is no choice but for the therapist to go ahead and set a consequence even without the full cooperation of the child (e.g., the child is about to urinate on the floor). There may be other circumstances or relationships in which the therapist decides to accelerate the consequences to combine the third and fourth steps or to set a consequence without the participation of the child, but it is important for the therapist to seriously consider the message that this linkage is sending the child before making this decision.

I use the limiting process to convey my positive and supportive feelings for the child. I want to communicate to the child that I want him or her to succeed and to learn to make responsible choices and that I will continue to care about him or her, no matter what the decision in any one specific interaction. As in all of my interactions with the child, when I set up the logical consequences, I use a friendly, matter-of-fact voice and make sure my body language does not telegraph anger or disapproval to the child. Whenever the child chooses a consequence, rather than abiding by the limit or agreement, I point out to him or her that he or she will have another chance to try again or make a new choice the next session. If the child continues to choose the consequence, this usually means that I need to reevaluate the child's purpose and the effectiveness of the consequence.

Putting It All Together

While the individual steps sound pretty simple in isolation, putting them all together is a little trickier, especially because in the real world of the playroom the steps do not always progress as smoothly as they sound in a book. The following scenarios, predicated on the fact that each limiting-setting situation is going to be a little different from the others, are designed to illustrate how to integrate the steps of the limit-setting process.

- *Haq (age 5) aims the dart gun at Dennis, his play therapist.*

  Haq: "I am going to shoot you in the head."

  Dennis: "It is against the playroom rules to shoot people with the gun."

  Haq: "Well, I am going to do it anyway. You can't stop me."

  Dennis: "You want to let me know that you don't care what the rule is. I am thinking that you are wondering what I will do if you don't do what I want you to do."

  Haq: (Still aiming the gun, but not shooting it)

  Dennis: "I bet you can find something in the room that is OK to shoot with darts or you could use something and pretend it is me."

  Haq: "I would rather just shoot you, but I guess I could aim the gun at the punching bag and pretend it is you."

  Dennis: "Yes, you could. You could pretend you were shooting it at me when you are really shooting at the punching bag."

* * *

- *Zorina (age 4) wants to pour a bucket of water into the sandbox. Star, her play therapist, thinks that this is a bad idea.*

  Star: "In here, the rule is that you can only put a small cup of water into the sand."

  Zorina: "But then I won't be able to make mud. I want to make mud." (Starts crying and throwing sand out of the sandbox)

  Star: "You are so angry about not getting to make mud that you are throwing sand. Throwing sand is also against the playroom rules. Can you figure out how you can show me that you are mad without throwing sand?"

  Zorina: "No!" (Continues to throw sand)

  Star: "If you choose to throw another handful of sand, you choose to lose playing in the sandbox for the rest of our time together."

  Zorina: "All right. I will stop, but I still want to make mud."

  Star: "Well, I might be OK with you putting more than just one small cup of water, but a whole bucket is still too much. How do you think you could make mud without dumping a lot of water into the sandbox?"

Zorina: "I don't know. How could we?"

Star: "Well, one idea would be to put some sand in the bucket and then pour some water in there and mix it."

Zorina: "I like that idea. Could we use this pan from the kitchen center instead?"

Star: "Sure."

* * *

- *Jacob (age 7) decides that he wants to leave the playroom halfway through the session to show his mother a picture that he has drawn. Jacob has a habit of leaving the playroom for protracted intervals, and Charlene, the play therapist, has decided that this behavior is his way of avoiding the work of the session.*

Jacob (in an excited voice): "I have to go to the waiting room and show this to my mom."

Charlene (standing in front of the door): "Jacob, from now on the rule in the playroom is that we need to stay in the playroom until our time is over."

Jacob (in an irritated voice): "But I want to go show my mom this picture, and you always let me leave before this."

Charlene: "I can tell that you are excited about your picture and irritated that we have a new rule in the playroom."

Jacob (shouting): "Yeah, and you can't boss me around."

Charlene: "You want me to know that I am not in charge of you. Where do you think we can put the picture so we are sure to take it out and show it to your mom at the end of the session?"

Jacob (still angry): "Well, I want to take it now. If you don't let me, I am going to throw it away."

Charlene: "You could make that choice if you want to. Or you could put it right in front of the door so we don't forget to take it to show her when we are done. What else do you want to do for the rest of our time together?"

* * *

- *Hayley (age 8) has been sexually abused by several men in her life. She approaches her play therapist, Keshawn, with every intention of sitting on his lap facing him.*

Keshawn. "Hayley, it is against the playroom rules to sit on folks' lap this way. I know that you would like to snuggle up and show me that you care about me, but we need to figure out another way for you to show me that you like me."

Hayley: "Why can't I sit like that? My mom's boyfriends always let me do it that way."

Keshawn: "Well, you are getting to be a bigger girl, and it isn't OK for bigger girls to sit on grown-up men's laps with their privates touching."

Hayley: "So, does that mean that you don't like me?"

Keshawn: "No it doesn't. I like you very much, and I know that you like me. Let's figure out some way for you to let me know that you like me without sitting on my lap."

Hayley: "I could paint you a picture with hearts."

Keshawn: "Is that what you would like to do instead of sitting on my lap?"

Hayley: "No. I want to sit on your lap, but you won't let me, so I guess I will paint you a picture even though I don't want to." (Paints a picture, and comes over to give it to him, trying to sit on his lap)

Keshawn: "Remember, sitting on my lap is against the playroom rules. What do you think should happen if you forget about that again?"

Hayley: "You could remind me."

Keshawn: "I think we need to come up with something that you could use to remind yourself."

Hayley: "Well, if I got close to your lap, you could stand up."

Keshawn: "I guess I am willing to do that, but I would like something that you could be responsible for doing too."

Hayley: "I can't think of anything."

Keshawn: "How about you paint a picture with a girl sitting on someone's lap with a line through it to remind you that you are not supposed to sit on grown-up men's laps? We could put it on the floor by my chair."

Hayley: "I think it is kind of a dumb idea, but OK. We can try that."

FACTORS THAT AFFECT THE PROCESS OF LIMITING

As the play therapist begins to think about the limiting process, there are two different factors that should be included in the consideration. The first is the lifestyle of the therapist—how his or her Crucial Cs and personality priorities affect the limit-setting process. The second is the lifestyle of the child—how his or her Crucial Cs, goals of misbehavior, and personality priorities influence the types of behaviors that must be limited and how he or she reacts to limits.

Therapist's Lifestyle

Many play therapists find limit setting to be personally stressful (Kottman, 2001). This is especially the case for play therapists whose personality priorities are control and pleasing, those who do not believe that they count, and those who doubt that they are capable.

Therapists whose personality priority is control frequently believe that they must be in total control of themselves during the session, in control of how the session unfolds, in control of the child, in control of the process of play therapy, or some combination of these. When these therapists feel out of control, they tend to limit too many behaviors or use harsh language or angry nonverbal communication to try to reassert control.

Therapists with pleasing as their primary personality priority often worry—about whether the child will choose to abide by the rules, whether the child will adhere to consequences set, and whether the child will be angry with them if they limit. This anxiety frequently results in pleasing therapists limiting in weak or singsong voices, limiting in such convoluted ways that the child does not realize that they have set a limit, or limiting little or nothing at all.

Therapists who do not feel that they count are very invested in making a difference in people's lives. When they do not feel that they are making a difference, they can often take on too much responsibility for the lack or slowness of change or they may blame others for "just not trying hard enough." When a child is refusing to negotiate about acceptable behavior, breaking the agreement of acceptable behavior, or ignoring the consequences, these therapists tend to believe that this is because they are not important or valuable enough to the child to make a difference. Feeling discounted by the child's response to the limiting process, they often overreact, getting angry at the child and trying to overpower him or her to make sure that they have had an impact in the session. They sometimes go in the opposite direction and emotionally withdraw from the child to make sure that the child's behavior does not matter to them anymore.

Therapists who do not feel capable doubt their own skills when the limiting process does not go the way they anticipate. If their personality priority is comfort, they may simply give up, assuming that they will never be able to acquire the necessary skills. If their personality priority is control or superiority, they will often go out of their way to learn new skills or perfect the skills they already have, quite frequently ignoring the possibility that the difficulty in the limiting process may have nothing to do with their skills at all.

Regardless of the cause, many times this personal tension results in therapists unconsciously altering their voices and body language. This stress is manifested in various ways, such as frowning severely, talking in a stern voice, whining, assuming a submissive posture, and saying the child's name more often than normal.

To avoid this tendency, therapists must learn to monitor their own stress levels, listen to their verbalizations, and be aware of their body language as they set limits to avoid this tendency. It is important for therapists to examine what the tension is about and begin to work on resolving whatever is causing stress during the limit-setting process or to plan more constructive ways of dealing with personal issues that might interfere with their ability to be therapeutic in the limit-setting process.

Child Lifestyle Factors

The limit-setting process also depends on children and their lifestyles. Taking the child's Crucial Cs, goals of misbehavior, and personality priorities into account can be very helpful in successfully setting limits because the therapist can frame his or her communication about setting limits in ways that encourage specific clients and optimize the possibility of their participation in the process.

Crucial Cs. Children's willingness to participate interactively in the limit-setting process and their reaction to limit setting is influenced by the Crucial Cs they have incorporated into their belief systems. Children who have courage and believe that they can connect, that they are capable, and that they count have no trouble in participating in their part of setting limits. They also tend to abide by the agreements set up in the third step and seldom need consequences. (Because they seldom need therapy, however, this is an unusual situation.)

Children who lack courage tend to do very little that gets limited, but when they do, they are very reluctant to engage in generating new behaviors or consequences. Their reaction to being limited usually involves being more overwhelmed by their own anxiety, with the result that they do very little in the playroom. It is always necessary to limit very gently and seldom with these children.

Children who do not believe that they connect with others also struggle with engaging in the limit-setting process and seem to withdraw more as the result of limits unless the therapist is very careful to communicate that the therapist and the child are still connected with each other. If the therapist can convey this message, he or she can use the limit-setting process to build connecting skills with these children.

Children who do not think that they are capable interpret limiting as telling them that they have not mastered the skills needed to be play therapy clients. It is important that the play therapist set limits in such a way to affirm that these children are so capable that he or she is relying on them to decide which alternative behaviors are acceptable and to enforce their own compliance with any agreements or consequences they generate.

Children who do not feel that they count often take limits as additional evidence that they are not important and are often reluctant to engage in the generation of alternative behaviors, assuming that the therapist does not really want input from them about alternative behaviors and consequences. If the therapist does not take this discounting of his or her intentions personally, these children feel extremely encouraged by participating in the limiting process that really does convey that their opinions are respected and that they do count.

Goals of misbehavior. The limits children break tend to be related to their goals of misbehavior. Just as other consequences for inappropriate behaviors evoke standard reactions, their response to limit setting can also be influenced by these goals.

Children whose goal is attention tend to do relatively mild forms of limit breaking, usually in the form of testing limits to see how the therapist will react or to make sure that the therapist is fully engaged with them. When they are limited, they seldom go on to break the same limit, so they practically never have to enter into the fourth step of limiting. They usually abide by the letter of their agreement but often try to determine how strictly they must abide by the spirit of the pact. They also love to negotiate—having that much solid attention is a very powerful experience for them, so they frequently break limits just to get to negotiate.

Children who are striving to assert their own power tend to break many rules in the playroom just to show that they are not under the therapist's control. They also frequently refuse to participate in generating alternative behaviors, choose to ignore their agreements, and decline to negotiate about consequences. The therapist must remember to stay disengaged from taking their behavior personally and to avoid getting into power struggles with them. When power-seeking children refuse to participate in the third and fourth steps of the process, the therapist can often use limited choices to gain their cooperation. Metacommunicating about the purpose of their behavior during the limiting process can prove to be helpful, as often children feel a diminished need to prove that the therapist cannot control them when the therapist acknowledges this dynamic. It is occasionally necessary to evoke "the ultimate limit" (having to leave the playroom) with these children. However, the therapist must avoid using this option with children who really do not want to be in the playroom because then they will simply escalate their negative behavior until they get to exit.

Children striving toward the goal of revenge are difficult to limit because they take limit setting personally and try to make the entire process about the therapist hurting them or putting them down. They may also use limiting to be insulting or otherwise hurt the therapist's feelings. These children are very sensitive to nonverbal communication, so the therapist must not show any personal reaction to provocation or arguments from them. It is absolutely imperative for the play therapist not to engage in escalation that smacks of challenge or revenge. Limiting must proceed in a neutral fashion, with the therapist maintaining level affect and a matter-of-fact presentation of the limit, the reflection of feelings, the negotiation, and the consequences. Revenge-seeking children often take metacommunication about the underlying message as confirmation of their mistaken beliefs, so the therapist may wish to stick to reflecting relatively obvious feelings or making guesses about purposes.

Children who are trying to prove that they are inadequate seldom do anything that would involve setting limits. Usually the therapist is thrilled if these children are active enough to need limiting. Because these children often interpret being limited as proof of their inadequacy, with these children, the therapist may choose not to limit behavior that he or she might limit with other children.

Personality priorities. Personality priorities can influence the behavior that gets limited, the children's involvement in the limiting process, and their reactions to limit setting. The therapist will frequently want to tailor the process to children's priorities.

Children whose personality priority is control have behaviors and reactions that are similar to children whose goal of misbehavior is power. Their behavior in the playroom often tests or defies limits, and they spend a great deal of time trying to show the therapist that he or she cannot control their behavior. They tend to approach the cooperative aspect of limiting with distrust, but once they are engaged in it fully, they can become very vigilant in making sure that rules and agreements are followed by everyone in the playroom. Limited choices and metacommunicating about their purposes are strategies the therapist can use to great effect with these children.

Children whose personality priority is pleasing seldom break rules. They often interpret the therapist's nonverbal behavior as being disapproving and may even attempt to limit themselves even when they have not broken any of the playroom rules. These children are hyperalert to nuances in communication, so the therapist must be almost cheerful in imposing limits on them. They are often reluctant to fully engage in the collaborative element of the process because they are afraid that whatever they suggest as acceptable behavior or appropriate consequences will not be acceptable to the therapist. The therapist must be prepared to renegotiate consequences with these children because the consequences that they generate for themselves can be unreasonably harsh. Because pleasing children tend to be overly rulebound anyway, the therapist will often choose to ignore any minor league transgression, encouraging them to swing out and risk not always following all the rules.

Children with superiority as their personality priority do not break limits often, but when they do, they like to argue about exactly what the rule is and how they really were not violating it—that the play therapist is surely mistaken. Their attitude is designed to convey the message that they have a superior understanding of how negotiations should proceed and how consequences should be applied. The play therapist must not take this attitude personally and must be prepared to calmly restate the limit or repeat the agreement without getting into a quibble about the exact interpretation of the wording. If the therapist can do this, these children almost always cooperate eventually, even if only to prove that they do what they are supposed to do better than other children do. Sometimes it actually helps to short circuit the arguments these children are prone to start if the rules, agreements, and consequences are written down.

Children whose personality priority is comfort also do not break many rules, because breaking rules takes too much effort. When they do, they often are not very active in generating alternative behaviors for the same reason. The play therapist can wind up doing most of the work to generate several different sets of acceptable behaviors and asking the children to help narrow the field by making a choice of what would work for them. Comfort children almost always follow through with their agreement, so the fourth step seldom has to be evoked. Choosing not to abide by an agreement would just be too stressful for comfort.

SUMMARY

Limit setting is an important part of building a relationship in Adlerian play therapy. The therapist must make decisions about what to limit, when to limit, and how to limit before problems develop so that he or she can present limits in a reasonable, respectful way that avoids power struggles. In Adlerian play therapy, the therapist involves the child in the four steps of limiting: stating the limit, reflecting feelings and/or metacommunicating about the underlying message of the behavior or the child's purpose, generating alternative acceptable behaviors, and setting up logical consequences. The therapist's lifestyle and the child's lifestyle will both have an effect on the process of setting limits. The play therapist must keep these factors under consideration in deciding how and what to limit.

Chapter 8

EXPLORING THE CHILD'S LIFESTYLE

IN THE SECOND phase of Adlerian play therapy, the counselor gathers information about the child's lifestyle in order to be able to help the child and the parents better understand the patterns of the child's thoughts, emotions, and actions. This process usually involves procedures designed to explore the family atmosphere, family constellation, early recollections, and functioning at life tasks to gather information about the child's assets, Crucial Cs, goals of misbehavior, personality priorities, mistaken beliefs, and private logic. When the counselor has accumulated enough information to be relatively confident of understanding the child's lifestyle, the process of formulating hypotheses about how the child views self, others, and the world and how his or her behavior reflects these perceptions begins.

WHAT IS FAMILY ATMOSPHERE?

> Since each person responds to a situation according to his [or her] own outlook on life, family climate is not a direct causal agent in the development of personality; instead the individual interprets the meaning and significance of the family atmosphere in the light of his [or her] own "biased apperception" or "faulty logic." (Dewey, 1971, p. 41)

Understanding the family atmosphere is particularly important in Adlerian play therapy because it is continually influencing how children view themselves, others, and the world. People form their image of themselves and the way they can gain significance on the basis of their perceptions of how other people react to them. Their Crucial Cs, goals of misbehavior, and personality priorities are influenced by their interactions with their parents and the other members of their families. They decide how other people are supposed to behave on the basis of their perceptions of how people act and interact in their families. Their ideas about the world and what it is like spring from their perceptions of the world in which they grow up—their homes and their families. They believe that the atmosphere of their family is representative of how relationships work and how life is supposed to be, and as they interact with the other members of their family and the rest of the world, they act as if this belief is a reality.

Family atmosphere is based on a number of factors, including (a) parental attitudes toward the children, (b) parental discipline philosophies, (c) the parents' lifestyles, (d) the family values, (e) the family atmosphere of the parents' family of origin, (f) the marital relationship, (g) the parenting skills of parents, and (h) any personal problems that might interfere with parents' ability to provide warmth, respect, and structure for the children (Dewey, 1971; Griffith & Powers, 1984; Manaster & Corsini, 1982). Each family is unique, so there is no set formula for how these elements fit together or for the proportion of the different factors in the mix. However, there are certain typical patterns that frequently appear in families. Because children growing up in these typical families manifest certain common characteristics in their lifestyles (Adler, 1931/1958; Dewey, 1971), the play therapist may learn a lot about the child's lifestyle by studying them.

Investigating Family Atmosphere

Within the context of Adlerian play therapy, there are several different methods of gaining knowledge about the child's family atmosphere and how it affects him or her: (a) observing the child and parents, (b) asking questions, and (c) using art techniques. The play therapist uses various combinations of these strategies, depending on the child, the parents, and the therapist's own stylistic preferences.

Observing the child and parents. The play therapist can observe the child in the play session, parents in the parent consultation sessions, and the child and parents together in the waiting room and in family sessions to get a general feeling for the family atmosphere. Although this information cannot stand alone, observational data are sometimes more accurate than self-report from the child and parents.

In the play session, the child usually acts out family atmosphere situations with the dolls, animal families, puppets, and kitchenware. Playing with these toys, the child expresses thoughts and feelings about how his or her parents treat the children and each other, how family members interact, how family values are expressed in the family, and assorted other aspects of the family dynamics. The child's overall behavior will also give the therapist clues about the family atmosphere. For instance, a child who grows up in a rejective family atmosphere will usually be extremely needy, working hard to gain the therapist's approval.

The play therapist can simply note these data or ask questions, metacommunicate, or reflect feelings connected with what is happening in the play. When gathering information, it is usually counterproductive to ask the child to explain how the play relates to what is happening at home. A more helpful approach is to use the child's metaphors to communicate with the child. Examples of metacommunicating about observations:

- Randy is playing with the puppets. One of the puppets keeps hitting the other puppet. The puppet being hit is making crying noises. The counselor might say, "Sounds like that puppet is really getting hurt. I bet he wishes that other puppet would stop hitting him."
- Ho-Sook is playing with the dolls in the dollhouse. The mother doll hugs one of the doll children and ignores the other doll child. Ho-Sook, moving the mother doll, says, "I love my little baby." The counselor could say, "The mother really cares about the baby. I wonder what kind of feelings the sister is having right now."
- Ringo aims the dart gun at the counselor every time she reflects a feeling. The counselor might say, "Seems like you want me to stop talking about feelings."

Because school counselors are often unable to meet on a regular basis with the parents, classroom observation of the child is extremely important in a school setting. Watching the child at play on the playground and in casual interactions in the classroom can also yield useful information about family atmosphere.

With two-parent families, the play therapist can observe the interactions between the parents. It is helpful to get impressions of their relationship and the level of agreement and cooperation over parenting strategies. The therapist should observe nonverbal communication to see if it is congruent with the parents' words. The therapist can gather more information by pointing out any discrepancies and asking questions about the difference between verbal presentation and nonverbal reactions.

Observing the interactions between the child and the parents can provide the play therapist with additional important clues about family atmosphere. If the family waits together in a waiting room before sessions, they often interact in more natural and realistic patterns than in the therapist's office. It can also be useful to have a family session during the exploration stage. By watching family members interact in the session, the therapist can get clues about typical interactions, attitudes, and relationships—information that is invaluable in formulating lifestyle hypotheses.

Asking questions. Another method of finding out about the parents' relationship, their discipline philosophies and practices, and other family atmosphere data is to ask questions about these family interactions. By asking some of the lifestyle questions found in Appendixes D and G, the play therapist can gather information about the family atmosphere.

It is essential to ask both the child and the parents similar questions to get a multifaceted picture of how family members interact. This prevents just one person in the family from dominating the counselor's perception of the family situation and ensures that the counselor has a rounded view representing both the child's and the parents' perspectives. In talking to parents, the counselor often starts asking these questions during the first session. With the child, the counselor usually chooses to work on establishing a relationship for several sessions before asking family atmosphere questions. This depends on the child, though. There are many children who will just "volunteer" information related to family atmosphere in the first session. When this happens, I take this as permission to go ahead and start asking my questions.

I try not to overwhelm the child or parents with a series of questions. Rather, I usually ask three or four questions about the family atmosphere per session. I have several questions in mind that I might want to ask in the process of the session, and as the session progresses I fit the questions into the flow of the conversation in a natural fashion. Because so many adult–child interactions are filled with questions, I am careful to monitor the child's nonverbal reaction so that I stop asking questions if the child is exhibiting a negative attitude toward my questioning.

It is also frequently helpful to use the child's play as a vehicle for asking questions indirectly. As the child is playing, the counselor can ask family atmosphere questions metaphorically. Examples of using the child's metaphor for asking lifestyle questions:

- Jolene is playing with the doll family, and the doll father is yelling at the doll children to pick up their rooms. Instead of breaking the metaphor, the counselor can use it to gather information by asking, "How do those doll kids feel when the father doll yells at them?" or "What happens if the doll children still don't pick up their rooms after the doll father yells at them?"

- Rocco is playing with the horse family. The counselor asks him to tell her about each of the members of the horse family. After the counselor mentally decides which of the horses represents each member of Rocco's family, she might ask, "Which of those horse children is most different from the baby horse?" or "Which of those horse children does the mother horse like best? What does she like best about that one?"
- Letty is playing with the kitchenware and is throwing the dishes into the sandbox, looking angry. The counselor could say, "Wow, looks like someone is mad and throwing dishes around." When Letty responds, "Yeah, the mom is mad again," the counselor could say, "What do the children do when the mom is that mad? They must be kind of scared."

Using art techniques. The Adlerian play therapist can also use several different art therapy strategies to investigate the child's perception of the family atmosphere. One approach is to ask the child to make a kinetic family drawing (KFD; Burns & Kaufman, 1972; Knoff & Prout, 1985), a drawing technique in which the child draws a picture of each member of the family involved in some activity.

When I want a client to do the KFD, I provide him or her with several pieces of paper (a few more pieces than the number of members of the family) and a pencil, and I tell the client that I would like him or her to draw a picture of the family for me. I do not ask the client if he or she wants to do this because I am trying to avoid a refusal to draw the picture. I give the following instructions, which I have adapted from the original 1970 version of the KFD to suit my purposes in Adlerian play therapy: "Draw a picture for me of everybody in your family. The picture should show everybody in the family doing something." I encourage the client not to draw stick figures, but I do not prohibit this if it is the only way the child is going to draw the picture. After the client finishes the drawing, I usually ask a series of questions about the figures in the drawing and the family. (See Appendix H for questioning strategies to be used with the KFD to elicit information about the client's lifestyle.)

To interpret the drawing, I use a commonsense approach, interpreting what the client has drawn each family member *doing* as representative of how the client perceives that person gaining significance in the family. I also look for interactional patterns and attitudes expressed in the drawing. Through the questions I ask about the family, I gather family atmosphere and family constellation data. I often ask clients to do a House-Tree-Person drawing (Buck, 1992), a Family-Centered Circle drawing (Burns, 1990), or a Rosebush drawing (Oaklander, 1978/1992) to get more information about the family atmosphere. To do a House-Tree-Person drawing, I give the child three sheets of paper and ask him or her to draw a picture of a house, a tree, or a person. For a Family-Centered Circle drawing, the child does three separate drawings—one of his or her mother, one of his or her father, and one of himself or herself. In each of the drawings, the person is drawn in the center of a circle, surrounded by drawn symbols associated with that person. In the Rosebush, I use a guided imagery activity to help the child visualize himself or herself as a rosebush and what life is like for the rosebush. All three of these drawing techniques can give me information about how the child sees self, others, and the world and about family interactions.

Many times, I ask parents and other family members to draw pictures of the family or themselves. Comparing drawings from the various members of the family is often very revealing. The following books are valuable resources for learning more about using drawing and art in play therapy:

- *Actions, Styles, and Symbols in Kinetic Family Drawings* (Burns & Kaufman, 1972)
- *Analyzing Children's Art* (Kellogg, 1970)
- *Breaking the Silence: Art Therapy With Children From Violent Homes* (Malchiodi, 1994)
- *A Guide to Family-Centered Circle Drawings* (Burns, 1990)
- *House-Tree-Person Projective Drawing Technique: Manual and Interpretive Guide* (Buck, 1992; revised by Warren)
- *Interpreting Projective Drawings* (Leibowitz, 1999)
- *Kinetic Drawing System for Family and School: A Handbook* (Knoff & Prout, 1985)
- *Understanding Children's Art* (Malchiodi, 1998)
- *Using Drawings in Assessment and Therapy: A Guide for Mental Health Professionals* (Oster & Gould, 1987)
- *Young Children and Their Drawings* (DiLeo, 1996)

If the child refuses to draw, I metacommunicate about his or her purpose in refusing or reflect feelings. I usually follow this with a suggestion of alternative techniques designed to elicit similar information, taking into account the child's preferred mode of expression, because the same information can be obtained through other forms of communication. For instance, if the child likes to paint, asking him or her to paint a picture of the family, or if the child likes to work with clay, asking for a sculpture of the family will yield much of the same information as a drawing will. Some children feel threatened by depicting their family directly, so asking them to do a collage with different animals who might go together to make a family can elicit information connected to family dynamics in their own families. With children who do not particularly like art, I often ask them to pick a figure or puppet as a symbol for each member of the family instead of drawing the person. After having them explain what each of the figures is and how they went about choosing that particular symbol for that person, I use common sense to make guesses about family dynamics.

Therapists must not feel limited to these particular applications of creative arts techniques. Creativity is (I hope) a hallmark of Adlerian play therapy, so I encourage play therapists to use their imaginations and knowledge of other methods of accumulating information in this phase of the process.

Types of Family Atmospheres

The most positive family atmosphere is democratic (Bettner & Lew, 1996a, 1996b; Dewey, 1971). The parents in democratic families exhibit strong parenting skills and provide consistent and reasonable limits and structure. These parents have positive attitudes toward their children and communicate love and respect in ways that instill all four of the Crucial Cs in their children. They usually have manageable personal problems, and any marital issues are under reasonable control. The children are active participants in the decision-making process of the family, and they have age-appropriate power and responsibilities. Children who grow up in democratic families are self-confident, self-reliant, spontaneous, and articulate about their feelings and thoughts (Bettner & Lew, 1996a, 1996b). Most of the time, children from these families do not come to play therapy unless something traumatic such as sexual abuse or the death of someone close to them has occurred.

Unfortunately, the rest of the family atmospheres are rather negative. Many children in play therapy may come from families that have one or more of the following atmospheres (Dewey, 1971): rejective, authoritarian, inconsistent, hopeless, suppressive, overprotective, pitying, high standards, materialistic, competitive, disparaging, or inharmonious. Each of these family atmospheres is described briefly in this section.

My descriptions of the atmospheres seem to imply an all-or-nothing approach to thinking about this concept, which is rather misleading. The reality is that, for every family atmosphere, there is a continuum ranging from a mild atmosphere that does not adversely affect the children to an extreme atmosphere that significantly and adversely affects the children. As the play therapist considers the family atmospheres of the children with whom he or she works, it is very important to remember that this is not a binary concept.

Family atmospheres are rarely pure. They frequently overlap with one another so that a child could grow up in a family that has several different atmospheres, all of which contribute to the child's perceptions and ways of belonging. There are some family atmospheres that seem to naturally fit together, like a high-standards atmosphere and a competitive atmosphere or an authoritarian atmosphere and a suppressive atmosphere. When this happens, the child reacts creatively to the various elements of the atmosphere, which results in unique personalities for each of the children in a family.

Rejective. In rejective families, the parents usually have negative self-perceptions (they may lack several of the Crucial Cs), and they have difficulty expressing caring for one another and for their children. Their discipline philosophy is often harsh, with little value placed on showing children love and respect. Many times, these parents grew up in rejective families themselves and did not learn social interest or self-acceptance. The children in rejective families feel as though they are not accepted or loved. As a result of this perception, the children begin to believe that they are unacceptable and unlovable. They may block off their own feelings to protect themselves, and they frequently have trouble feeling or expressing love and trust.

Children who experience rejection from their parents have difficulty developing a sense of connection and a belief that they count, which often engenders revengeful behavior. They may decide that they are not capable or that they must be super-capable to gain a place in the family. Some of these children decide that the best way to count in the family is to develop extremely negative behaviors (e.g., oppositional, defiant, antisocial). Often in these families, one of the children becomes the family scapegoat and bears the brunt of the parental rejection and blame.

These children are frequently play therapy clients because they are the identified patients, shouldering the problems of the entire family. In play sessions, children from rejective families try to provoke the counselor into rejecting them because they believe that they are unworthy of any reaction other than rejection. They have a difficult time trusting the counselor, and they look for the counselor to convey criticism or negative judgments—scanning the nonverbal communication for any discrepancy that shows that the counselor really does not feel unconditional positive regard them. Two play therapy interventions that are particularly challenging for them are encouragement and returning responsibility. They do not believe the counselor when he or she points out assets, effort, or progress, discounting any kind of positive feedback. It is very threatening to these children when the counselor returns responsibility to them, as they often think this strategy is a trick so that the counselor will have an opportunity to reject them.

Authoritarian. The parents in authoritarian families demand absolute obedience. These parents usually have control as their personality priority, sometimes combined with superiority. They frequently believe that they must dominate in order to count, and they may have difficulty connecting with others in positive ways. Their discipline philosophy is based on the expectation that the children should have perfect behavior and adopt parental values without questions. They discourage discussion and expression of feelings. Often one parent dominates the other, with the family arranged in a hierarchical structure—the dominant adult at the top has the majority of the power, with the rest of the power in the family distributed among the other family members. The family of origin of authoritarian parents seem to cluster into dichotomous types. They either come from extremely rigid, authoritarian families in which they learned to parent using fiats and punishment, or they come from inconsistent, rather chaotic families in which they felt frightened and out of control.

There are two different patterns of behavior in children who live in authoritarian families. Children become excessively conforming and compliant, or they become extremely rebellious. Conforming children are usually polite, timid, and anxious pleasers. They frequently lack courage, and they may develop nervous habits, tics, ulcers, and other physical evidence of stress and tension. Lacking imagination, spontaneity, and initiative, they have difficulty solving their own problems and seek out authority figures to make decisions for them. They often feel that they only count when they are following the rules.

Most of the time, conforming children please adults, which reduces the chances of them getting sent to play therapy. If these children are referred to play therapy, it is usually for internalizing behaviors (e.g., nightmares, excessive anxiety, nail-biting). Teachers may notice the symptoms of anxiety and tension, a lack of childlike behavior, or limited resourcefulness and send them to the school counselor or an outside therapist. In the playroom, these children are hesitant to make choices for themselves, deferring to the therapist on the simplest decisions. They struggle when the therapist returns responsibility to them because they have no experience making choices for themselves. They nonverbally ask for permission throughout the first, second, and sometimes the third phase of therapy, looking for approval in the therapist's verbal and nonverbal communication.

Rebellious children are often inconsiderate of others, argumentative, or sensitive to blame and praise. The children who take this route in response to authoritarian parents are usually striving toward power or revenge, with doubts about their ability to connect in positive ways and feeling unsure of their abilities. They frequently resort to evasive actions like lying and stealing in response to authority figures. These children often "go wild" with drugs, alcohol, and sexual acting out (Dewey, 1971).

Authoritarian parents usually bring rebellious children to play therapy to find ways of making them more compliant. In the playroom, these children look for evidence that the therapist is going to turn out to be a closet authoritarian. They do not believe in the principle of an egalitarian relationship, testing the limits and the convictions and patience of the therapist over and over again.

Authoritarian parents seldom agree with the democratic principles of Adlerian philosophy or parenting skills, so they may not keep their children in counseling with an Adlerian play therapist too long. With these parents, the therapist must be patient, constantly remind himself or herself that the parents are doing the best they know how to do, given their own lifestyles and fear of being out of control. The pace in parent consultation must be slow and steady so that the parents do not get too frightened of the eventual letting go of their illusion of total control.

Inconsistent. In families that have inconsistent atmospheres, discipline is erratic and unpredictable. Sometimes the parents in these families are seeking comfort through a laissez-faire attitude; sometimes they are so invested in pleasing the children that they do not follow through with what they have said or change their minds a great deal about what is acceptable. The parents often have opposing discipline philosophies and styles, which creates confusion, or they may be acting out their marital problems in the parenting arena, which precludes consistency. Many times, these parents have severe emotional problems, which preclude them from being consistently loving and supportive. In these families, there is no sense of structure and routine to provide safety and security for the children.

Children growing up in inconsistent families struggle with knowing what others expect of them or what to expect of others. They assume that the world is an arbitrary place without order or reason, which makes courageous living difficult for them. The lack of structure at home can translate into two patterns of behavior. Some of these children cannot seem to function in situations in which structure and routine are essential, such as in school. Other children from these families crave the structure of school and express reluctance to go home, back into chaos. Frequently lacking self-control and motivation, children from inconsistent families may be self-centered and crave excitement (Dewey, 1971). They often develop a strong need to control or please others, believing that their ability to count is conditional and that the conditions are mysterious and ever-changing.

When these children seek to gain control of situations and other people through aggressive or manipulative behavior, this behavior frequently causes them to be referred for play therapy. (See chapter 3 for a discussion of children from chaotic families who seek power.) Children who have difficulty adjusting to structure often appear to suffer from attention problems, which sometimes results in referrals to counselors. Other children from inconsistent families are sent to play therapy for getting into power struggles with authority figures or for lacking motivation.

Children from inconsistent families are often inconsistent in their behavior in the playroom. In one session, they can be conforming and pleasing, and in the next session, they can be rebellious and disrespectful. Because they have had inconsistency modeled repeatedly, they tend to have difficulty being consistent themselves. However, it is extremely important to them that the play therapist be consistent. These children often express high levels of anxiety or anger when they perceive that the play therapist is inconsistent. If the rules or circumstances in sessions change, their reaction is often disproportionate to the situation.

Hopeless. The atmosphere in hopeless families is discouraged and pessimistic (Dewey, 1971). The parents in these families have become so discouraged by their lack of belief in their own Crucial Cs or by external circumstances that they have given up on themselves, on life, and, often, on the entire human race. Many times, hopeless parents feel overwhelmed by their own emotional or mental problems, drug and alcohol problems, or marital conflicts. Quite frequently, these parents grew up in families with hopeless, disparaging, overprotective, or rejective atmospheres. They believe that nothing good will ever happen to them, and they transmit this discouragement to their children.

Children who live in families with a hopeless atmosphere feel as though they cannot ever accomplish anything or be successful. They doubt that they can ever be capable and that they can count. They may also lack courage to take risks, because they assume that they will reap some kind of negative consequence if success is not guaranteed. The goal of any misbehavior exhibited by these children is almost always related to proving their own inadequacy, a purpose that stems from their feelings of discouragement, helplessness, and hopelessness. These children frequently present with symptoms of depression or anxiety.

Because the parents of these children have already given up all hope, they seldom bother to bring the children for counseling. However, many times teachers refer hopeless children to counselors for help and encouragement.

In the playroom, children from hopeless families are often unwilling to play or interact with the counselor. These children usually present with extremely low affect and little motivation for the therapeutic process. They may just sit on the floor or stand in one spot, doing little with the play or art materials, or they may gravitate to materials with which they are familiar, playing the same thing over and over again to avoid taking risks. The most frequent answer to the counselor's questions is "I don't know," and they seldom manifest visible reactions to the counselor's reflections of feeling or metacommunications.

Suppressive. In a family with a suppressive atmosphere, the parents do not allow anyone but themselves to express ideas and feelings (Dewey, 1971). They punish the children for saying what they think and feel. These parents often grew up in families that were authoritarian, suppressive, or disparaging. One of the ways that they gain their significance as adults is to be very controlling. They value conformity (to their ideas) and obedience, working to make sure that they count by discounting the other people in the family. Quite frequently, a family motto would be, "Children should be seen but not heard."

The children in suppressive families are taught to act without courage. They learn to pretend to be different from who they really are to be acceptable. They come to mistrust their own feelings and have problems expressing true feelings and personal thoughts, which often interfere with their ability to connect with others. Some of these children resort to daydreams and unrealistic fantasies in which they feel valued and heard by others to give themselves some place where they feel as though they count. Other times, children from suppressive families work so hard to differentiate themselves from their parents that they rebel, manifesting behaviors that defy others to try to control them. Many times, these children show symptoms of anxiety, depression, dissociation, or oppositional defiant disorder.

Often, teachers refer suppressed children to the counselor for excessive daydreaming, lack of self-confidence, poor social skills, or difficulty in expressing original thoughts. If the parents are successful in their efforts at suppression, they seldom have problems with the way their children behave and do not usually bring them to therapy unless they are urged to do so by school personnel or some other influential adult. If they are not successful in suppressing their children, they bring the children to play therapy to get support from the play therapist in suppressing the children. Many times, when they find that the entire process of play therapy is aimed at freeing children and helping them learn to express themselves, these parents terminate.

In the playroom, children from suppressive families quite frequently present with a false cheery disposition or a defiant attitude, trying to convey that there really is nothing wrong, they really do not have any problems, and they do not need help from a counselor. Because they have learned that the best way to gain acceptance is to suppress their own thoughts and ideas, they often seem to have flat affect and no ideas. Their play is usually pretty concrete and benign until they begin to trust the counselor enough to reveal their real selves through the play. They discount or try to sabotage the counselor's attempts at using encouragement and returning responsibility to them, and they seem to want to read the counselor's mind to find ways to conform to or rebel against the rules of the playroom.

Overprotective. An overprotective atmosphere is one in which indulgent or protective parents prevent children from learning by refusing to allow them to cope with difficult problems (Dewey, 1971). The parents protect children from unpleasantness, sadness, and the reality of life, resulting in children who feel that they are not capable and, lacking courage, believe that they cannot deal with life's challenges on their own. Quite often, these parents gain their own sense of counting by taking care of every little problem for their children. Parental personality priorities are often pleasing or controlling, though occasionally a superiority parent will use overparenting as a way to demonstrate his or her superior ability to take care of the child. Many times, these parents grew up with difficult circumstances or in families with disparaging, competitive, high-standards atmospheres, in which they did not feel sufficiently nurtured, and they are trying to compensate for their own upbringing in their interactions with their children.

Overprotection results in pampered children who are prevented from developing self-reliance. Children from these families usually lack self-confidence, have a strong need for approval, feel entitled, and exhibit a great deal of dependence on others. They develop an attitude that they do not have to be responsible for their own behavior because their parents have always prevented them from having to experience consequences for their actions. In their interactions with others, they constantly ask, "What's in it for me?" or "Who is going to take care of this for me?" They often work hard to prove that they are not capable and that they do not count unless others are taking care of them. They frequently lack courage, striving to prove that they are inadequate.

Most parents of pampered children do not see anything wrong with their children or their behavior and consequently seldom seek counseling for them unless forced to do so by an outside authority, such as the school. Teachers often have difficulty with these children in the classroom, either because of their arrogance or their helplessness, so school counselors frequently work with children from overprotective families.

In the playroom, these children try to replicate their relationship with the parents with the play therapist. They act helpless, asking the therapist to take care of all their needs and desires, or they are extremely bossy, working to dominate the therapist and force him or her to comply with their wishes and serve them. These children tend to try to avoid taking any risks, so they play with toys that are similar to toys that they have at home, and they often express a desire to bring their own toys to the playroom.

Pitying. Children with disabilities and children who do not live up to the family standards or values often experience their family atmosphere as pitying. In these families, the parents feel sorry for the children and teach them to doubt their own abilities, indulge in self-pity, or expect special privileges (Dewey, 1971). Many times, these parents meet their own need to feel capable or to feel as though they count by working to keep their children helpless and dependent.

If the parent's personality priority is control, he or she can use pity as a way of gaining power over the child. If the parent's personality priority is superiority, he or she can become invested in having a child who is worse off (in some dimension) than other children. When there are marital problems, the parents often compete to see who can be the best at pitying the child.

Children who are pitied become extremely discouraged. Many times, they lack courage, do not believe in their own capabilities, and begin to see themselves as handicapped in some way. Children who grow up in pitying atmospheres often feel that life is unfair, tragic, and full of woe and suffering. They frequently decide that they are victims and expect others to feel sorry for them or to abuse them in some way.

Parents who pity their children often bring them to play therapy because they feel sorry for the children or because the pitying atmosphere has such a discouraging effect on the children that they begin to strive toward proving their own inadequacy. Teachers who subscribe to the philosophy that certain children are differently abled rather than disabled, challenged rather than handicapped, do not get caught up in the discouragement projected by children who have been pitied. They often recognize the debilitating effects of the pitying family atmosphere and send these children to a counselor to get help in counteracting this atmosphere.

Pitied children usually believe that they deserve to be pitied, so they will try to evoke this reaction from the play therapist, acting as if they are incapable of taking care of themselves. They often tell the therapist "I can't do that" and cry or whine when the therapist returns responsibility to them. These children tend to avoid trying new things, and play therapy is kind of a big new thing. In response to their feelings of anxiety and helplessness, they may simply choose to sit and do nothing in the initial phases of the play therapy process.

High standards. In a high-standards atmosphere, parents demand that the children live up to high expectations and goals of perfection (Dewey, 1971). When children do not perform up to their standards, the superiority-oriented parents in these families are critical and denigrating. Many times, these parent do not have the social skills necessary to connect with their children in nurturing ways, so instead they simply demand outstanding performance from them. They may also feel that the only way that they count is to have children who are superior in some way. High-standards parents were often raised in authoritarian or disparaging families, in which they decided that the only way to belong was to be better than others.

Most of the time, the standards in these families are impossible to reach, so the children feel inadequate, inferior, and discouraged. Even when they are doing well, they believe that they can do better. These children doubt their own abilities, worry about possible future failures, and become obsessed with the need for complete success. As time passes, children in high-standards families become maladaptive perfectionists who cannot function without external guidelines for conduct and standards for success. They believe that the only way they can gain significance in their families is to do so well that it proves that they count. Maladaptive perfectionists frequently exhibit symptoms of anxiety, stress, and depression.

Parents of perfectionistic children often bring them to play therapy in response to these symptoms or in search of ways of helping the children better fulfill the high standards of the family. Because most teachers appreciate children who are striving toward perfection, they may not refer these children to a counselor unless the stress of ever-increasing standards results in obvious signs of anxiety and emotional distress.

In the playroom, these children express a great deal of dissatisfaction—with the play therapy space, with the quality of the toys, with the play therapist's responses to things, and so forth. Because their own personal standards are so high, they look for ways to impose those standards on the playroom and the play therapy process. They may also be extremely critical of their own performance, many times destroying things that they make and expressing anger and frustration at not being able to live up to their own standards. These children are very distrustful of the unconditional positive regard and encouragement from the play therapist. They are always looking for the exception that reveals the hidden impossibly high standards of the play therapist, or they are disparaging because the play therapist does not have high enough standards.

Materialistic. Possessiveness, acquisition, and money are important to the parents in a materialistic family (Dewey, 1971). They believe that the most acceptable way of gaining significance and security is to acquire worldly goods, often because they were poor when they were little or they grew up in very wealthy families. These parents tend to be striving toward superiority or control. They believe that they do not count unless they have a plentitude of material possessions, and they often judge whether they are capable on how well they provide for the family. This pattern makes it difficult for the parents to have time to connect with others because they are often workaholics. The family values give more importance to material possessions than human relationships.

The children in these families tend to judge everything by how much it costs. They often do not understand the importance of friendly interactions with others and simple pleasures that do not require monetary investment (like playing). These children develop superiority personality priorities and struggle with the Crucial C of connect.

Sometimes children from materialistic families completely reject the values of their parents and become fervently idealistic and antimaterialistic. When this happens, the parents often bring the children to play therapy to try to help them "become more realistic about the value of money." Otherwise, the parents in these families are usually perfectly satisfied with acquisitive, selfish children. Many teachers refer children from these families to a counselor to enhance their ability to manifest social interest in their interactions with others and to experience joy in simple pleasures and being childlike.

In the playroom, children from materialistic families tend to be very critical of the toys and other materials. They have a mental price list for what things cost. If they endorse the family values, they will be critical because the playroom is stocked with things that are too cheap, and if they reject the family values, they will be critical because the toys are in the playroom are too expensive.

Competitive. The atmosphere of a family becomes competitive when the members exclusively stress success (Dewey, 1971). In these families, the parents compare the children with one another, looking for the child who is the best at certain accomplishments and instilling the value of competition instead of cooperation. The common personalities among these parents are the outdoing form of superiority and control. They are almost always extremely competitive themselves, looking for ways that they can be better than others—even when the vehicle they use is their children. These parents often have elevated feelings of inferiority stemming from experiences of growing up.

Because the children are taught to look for ways to outdo others, never learning a sense of cooperation, they frequently manifest limited social interest. Capable children in these families can be motivated by the comparison among siblings. However, they often develop a need to be superior, along with elevated levels of anxiety, apprehension, stress, and perfectionism. This seems to related to all-or-nothing thinking that suggests to them they are failures and they do not count if they are not perfect or the best. Children who are not so capable cannot be the best in a positive way, so they may choose to go in the opposite direction and become the worst. Other children just stop trying and develop comfort as their personality priority. Children who do not measure up to their more competent or talented siblings often become so discouraged that they become depressed, give up trying to achieve, and adopt the goal of proving their own inadequacy. If they hear that they are inadequate often enough, children begin to believe it. Many times, teachers and parents grow concerned about the behavior of these children and refer them to play therapy.

In the playroom, successful children from competitive families will insist on playing games that have a clear winner and loser. They do not like to play cooperative games, and they can make activities like building with blocks or painting into competitive sports. Children who are traditionally the losers from competitive families are seldom willing to play games at all. They do not believe that cooperative games are really cooperative, and they want to avoid losing at all costs. Competitive children often ask a lot of questions about the other children who come to the playroom, wanting to know how they measure up against the therapist's other clients.

Disparaging. In a disparaging atmosphere, family members constantly bombard one another with criticism (Dewey, 1971). Parents in disparaging families usually doubt their own worth and feel unconnected, incapable, and insignificant. These parents often use criticism and sarcasm as a way of establishing that they are in control of themselves and everyone else or that they are superior to other family members. Their parenting philosophy is based on the assumption that children can be motivated by nagging and negative feedback. Many disparaging parents have persistent personal problems because of their defensive attitudes and offensive behaviors. They may have difficulty keeping a job, problems with maintaining supportive friendships, and conflicts in their marriage.

As a result of denigrating remarks, children in disparaging families feel worthless and miserable. They do not believe that they are capable or that they count. Children often develop a deep sense of discouragement and stop believing in and trusting themselves and others. Other children become extreme pleasers, using all of their energy to find something that will keep them from being criticized. Some children take the same route as their parents, striving to prove that they are superior with cynical, critical, and pessimistic attitudes and behaviors. Many times, the result of living in a disparaging family atmosphere is a lack of courage; a high percentage of disparaged children refuse to try anything they do not know they can do well. Because their experience has taught them that it is dangerous to engage with other people, they often have low levels of social interest or weak social skills, making connecting difficult.

These children usually come to play therapy because others (notably teachers, principals, school counselors, and extended family members) notice that they have very little joy in life and have difficulty forming positive relationships with other people. Their parents often bring them to therapy when they develop negative attitudes and respond to their parents with the same kind of attitudes they have experienced from them.

Initially, children from disparaging families do not have very much fun in the playroom. They do not trust the therapist to remain supportive and unconditional; they are anxious about making the "wrong" choice or doing something that will provoke the therapist into criticizing them; they do not easily play with joy or spontaneity. These children often make denigrating remarks about the therapist, the space, other people in the waiting room, the secretary, and so forth. They are constantly looking to criticize or be criticized, and they have limited experience interacting with others unless the primary vehicle for communication is disparagement.

Inharmonious. Parents in inharmonious families spend most of their time bickering and fighting (Dewey, 1971). They use the children as weapons in their ongoing discord. These parents are frequently so caught up in their marital struggles that they discipline in an inconsistent manner, depending on their mood and the status of the marital conflict. Even when these parents have adequate parenting skills and good connecting abilities, they do not apply them consistently, resulting in little structure or reliable parental support and nurturing. Constructively interacting with the children becomes less important than scoring points in the marital battle. These parents frequently come from families in which positive, proactive strategies for solving conflict were seldom modeled.

Children who grow up in this type of atmosphere often develop the idea that gaining power is the most important goal in interacting with others. Because they see their parents trying to gain control over one another, many times they decide that the best way to be safe and gain significance is to acquire power over others. Having witnessed verbal (and perhaps physical) abuse exchanged between their parents, children from inharmonious families usually believe that this pattern is the way relationships work. This perception can hamper their ability to connect with others, so they struggle with friendships and other social relationships. Their deficits in social interest and the elevated levels of tension they experience at home can lead them to break rules and put themselves and others in dangerous situations. They often feel that the only way that they can count is to show others how "bad" they can be.

These attitudes and behaviors frequently lead to referrals for play therapy. Oftentimes when the parents resolve their issues or they decide to divorce, they realize that the fallout from their lack of harmony has adversely affected their children, so they bring them to work with a play therapist.

Children from inharmonious families expect conflict, even when there is no reason for controversy. Because of this, they may be highly anxious in the playroom, or they may absolutely love being there. They tend to be hypervigilant about any kind of undercurrent that might lead to conflict, so they will monitor the verbal and nonverbal communication of the therapist very closely, reacting to imagined anger and expecting to be reprimanded.

FAMILY CONSTELLATION

"The family constellation is a sociogram of the group at home during the person's formative years" (Dreikurs, 1952–1953, p. 112). Family constellation is influenced by a plethora of factors: the personality traits of each member of the family, the emotional connections among various members, the dominance or submission of different members, the size of the family, age differences among the children, the gender of the children, sibling subsets, and the birth order of the children (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Griffith & Powers, 1984). In Adlerian theory, the family constellation contributes greatly to the child's lifestyle (Ansbacher & Ansbacher, 1956) because the family configuration during the child's formative years influences the child's fundamental attitudes and approach to life.

Each birth order position has certain traits that are typical of individuals who find themselves in that place in the family constellation. However, psychological position is more important than ordinal position.

> Adler was the first theorist in modern psychology to note the significance of psychological birth order position in the development and dynamics of personality, and to note the impact of the child on the family system. In Adlerian psychology, psychological birth order position is to be distinguished from ordinal position. Psychological birth order position is the vantage from which the child perceives and evaluates self, others, and the world, and from which the child forms convictions about what is required of him or her, given the hereditary endowment and the environmental opportunities of the situation. (Griffith & Powers, 1984, p. 42)

There are many factors that influence psychological birth order position (Pepper, 1979). These include the factors that determine the entire complex of the family constellation, plus factors such as having a disabled child in the family, differential treatment based on gender, cultural background, family myths, educational experiences, physical development, and the time elapsed between the birth of children (Shulman & Mosak, 1988).

Investigating Family Constellation

To gather information about the family constellation and the child's psychological birth order position, the Adlerian play therapist can use the same techniques as those used to investigate the family atmosphere. Observation, questioning strategies, and art techniques are all useful methods of exploring the family constellation and psychological birth order. In this process, the therapist is looking for information that will help her or him understand the child's lifestyle, especially in the areas of assets and liabilities.

Many times, by observing the child in the playroom and with other family members, I get a clear picture of how the child fits into the family. I observe how the child interacts with siblings and parents and how siblings and parents treat the child. Observation of these relationships can give me a great deal of insight into the family dynamics.

Asking parents questions about the various siblings and having them complete the sibling rating scale in Appendix D can help form a picture of the family constellation and the psychological position of each child. I also ask the child some of the questions from Appendix G in the process of play to ascertain how he or she sees each of the children fitting into the family. If the child seems reluctant to answer questions directly, I use the metaphors presented in the play to ask questions about the family and the children.

Art techniques such as the kinetic family drawing, family symbol picture, and collages are excellent strategies for gathering information about family constellation and psychological birth order. I ask the child to draw pictures, do puppet shows, make a sand tray, or find photographs to represent various family values. I often collaboratively draw a time line with the child, with an emphasis on the birth order of the children. Collages, clay sculptures, or puppets can be useful tools for helping the child to explore the cultural background of the family, different views of the relative value of males and females, or the effects of having a sibling with disabilities.

Psychological Birth Order Positions

The purpose in gathering all this information about the child's family constellation is to determine how these various factors influence the child's perception of her or his place in the family and the methods he or she has chosen for gaining a sense of belonging and significance. Because each position has certain typical assets and challenges, the Adlerian play therapist gathers information about psychological birth order position to find ways of encouraging the child by building on assets. The therapist can also use this knowledge as the basis for helping the child with challenges inherent in each of the birth order positions.

Only children. Because they spend much of their childhoods surrounded by people who are older and more proficient than they are, only children often develop skills that gain approval of adults, or they cultivate character traits such as shyness or helplessness that gain sympathy (Dinkmeyer et al., 1987; Pepper, 1979). This can develop into personality priorities of pleasing or comfort. Only children usually enjoy their position as the center of attention but may also feel anxious because they are always under scrutiny. They are often sure that they count, though they may struggle believing that they are capable. Because they do not automatically have playmates, only children may have difficulty learning to connect with other children, preferring the company of adults. Sometimes parents of only children pamper them, leading them to believe that they do not need to earn things by their own efforts and that they can have anything just because they want it. When this is the case, if others do not grant their requests, these children feel unfairly treated and refuse to cooperate. They like to be comfortable, avoiding tension and stress whenever possible.

Only children frequently have many strengths, including independence, intelligence, well-developed verbal skills, spontaneity, a strong sense of fun, and creative imaginations. They can be highly self-entertaining and self-reliant. On the negative side, because only children do not have to share their parents' attention and their possessions with siblings, they may be only interested in themselves and their own interests, resulting in difficulties in connecting with others their own age.

In the playroom, typical only children usually fall into one of two categories of interaction: Either they will be highly independent and play by themselves without inviting the therapist to play with them or they will be rather dependent and consistently try to engage the therapist in interacting with them. Their play is always creative and imaginative. They often like to dress up as interesting characters or have the puppets, figures, and dolls acting out a variety of scenarios in which people and/or animals are having exciting adventures. When they play with the therapist, a parent, or another child in the playroom, they like to be in charge—telling play partners exactly what to do, where to stand, and what to say.

First-born children. First-born children have precarious positions in their families (Dinkmeyer et al., 1987; Pepper, 1979). Being the oldest often entitles these children to special privileges and strong relationships with parents. However, because this place is usually threatened with the birth of subsequent children, oldest children may feel dethroned. In terms of assets, first-born children are usually responsible, reliable, organized, achievement oriented, protective of others, nurturing, and helpful. Many times, they have strongly developed leadership skills and gain their significance in the family by coopting personality traits that are highly valued in the family. They tend to have strong social skills when interacting with adults because they have spent a lot of their time with older people.

The liabilities of typical oldest children usually involve taking these assets to the extreme. Oldest children can be overly responsible, excessively organized (making a sort of obsession with order), maladaptively perfectionistic, very competitive, overprotective, inordinately interested in pleasing others, controlling, and bossy. They often become so invested in achievement (staying ahead of the competition from the younger children to avoid being dethroned) that they neglect building relationships with other people. In many cases, their ability to connect with peers is weak because they are not always comfortable being equals with individuals their own age. They tend to believe that they only count if they are the smartest, most helpful, hardest working, and so forth. When oldest children feel threatened by younger children, they can become extremely discouraged, believing that they must be the first, the best, the most powerful, or they are worthless (just a bit of all-or-nothing thinking here).

In the playroom, oldest children are usually very neat, many times cleaning up after themselves even before the therapist suggests that it is time to pick up the room. They are extremely responsible, wanting to know what the rules in the playroom are and what the consequences of not following the rules will be. Oldest children tend to invite the therapist to actively interact with them. When this happens, some oldest children are extremely bossy, dictating the details of the play and expressing irritation when the therapist does not follow the letter of the law that they have set up. Other oldest children want to wait until the therapist decides what and how they are going to play to avoid the possibility that they might make a decision that the therapist would not like. When they come in, many oldest children want some time to just chat with the therapist before they start playing. This gives them a chance to connect using their adultlike social skills, and it lets them make sure that the therapist knows that they are doing well at whatever activity in which they have decided they must excel. Every once in a while, an oldest child will come in and NOT act like an oldest—making a mess, being irresponsible, acting out of control. When that happens, the play therapist just needs to put on his or her seatbelt and get ready for a wild ride.

Second-born children. Second-born children spend their entire lives striving to catch up to their older sibling, feeling a great deal of pressure and inferiority (Dinkmeyer et al., 1987; Pepper, 1979). Quite frequently, especially if they are close in age, second children's personalities are exact opposites of the first children in their families. Because they never have undivided attention from parents, these children often develop the idea that they do not deserve attention—that they do not count as much as the first-born sibling or other children born after them. Because their older siblings usually develop motor and verbal skills before they do, second-born children often believe that they can never be as capable as the oldest.

Most second-born children know that they can connect, and they usually have strong social skills because they learn early that they must get along with others. They usually put out a lot of effort because they have always felt a need to try harder because they are number two. Quite frequently, these children excel at athletics. Unfortunately, second children tend to be easily discouraged because they are afraid that they can never measure up to the oldest child. In families where the first-borns have adopted valued positive personality traits, second-borns sometimes adopt negative personality traits as a contrast to make a place of significance for themselves. They may also be hyperactive or anxious because they always feel as though they are in a race that they cannot win.

In the playroom, second-born children tend to be friendly and fun when they are at their best. They use their connecting skills to build the relationship with the therapist, and they use their willingness to try hard to figure out ways to have fun in the playroom. Quite often, second-born children are very physical, so they may do a lot of running, jumping, playing ball, setting up obstacle courses in the playroom. Because they are never sure that they are going to be able to catch up to the older child, they tend to keep score in everything they do—even in jumping or tossing a ball, they will know what constitutes a score and who is ahead.

Middle children. If there is a third child in the family, the second child gets squeezed into the middle position (Dinkmeyer et al., 1987; Pepper, 1979). Middle children do not have the rights of the oldest or the privileges of the youngest. These children often feel neglected and unloved—they are not sure how they count in the family.

Because they are in the middle of things, these children frequently become adept at mediating and peacemaking. They can see all the different sides of every situation. In some ways, this ability is an asset because it gives them a sense of objectivity that can be very valuable in understanding varied points of view. However, it can also be a liability because sometimes they have difficulty making decisions, and they can become overly worried about fairness. This capacity of looking at experiences and relationships from many vantage points enhances middle children's ability to be innovative and creative.

Not being the eldest or the youngest, middle children frequently struggle to find their places in their families. One place that they may find is that of the rebel child—the one who is different. This may be comfortable for a time, but they often also find it discouraging. In families in which this discouragement continues, middle children can drift toward the useless side of life and become problem children.

In the playroom, because middle children always like things to be fair, they take turns really well and are usually willing to share power and responsibility. When they use imaginative, fantasy play, they frequently like to play more than one character, exercising their ability to see many points of view. These children occasionally have difficulty deciding how to occupy themselves in the playroom, spending an inordinate amount of time trying to determine what to do during their sessions. When there is more than one child in the playroom, middle children serve as conflict managers, working hard to make sure that everyone is treated fairly.

Youngest children. Youngest children usually have few responsibilities and many privileges. They get attention for being babies without really having to do anything to earn the attention. Other people in the family wait on them, spoil them, and make decisions for them. Being the smallest and the weakest of the siblings (at least initially), youngest children often feel as though the other members of their families do not take them seriously. To compensate for this, there are three routes youngest children tend to take in life. They can become speeders, working hard to catch up and surpass their older siblings in the areas in which they excel. They can get discouraged and give in to their feelings of inferiority and decide that they might as well not even try to compete. They can choose to excel in areas that are completely different from those in which their older siblings excel. No matter what route they choose, youngest children are usually charming and entertaining. They have a strong sense of humor and the ability to manipulate people into giving them what they want.

On the downside, youngest children frequently expect to get privileges without earning them and expect others to make decisions and take responsibility for them. They prefer not to lead, but sometimes have difficulty following if they do not see how the path can be to their advantage. Occasionally, their ability to get what they want may also get them into trouble because other people can begin to resent feeling manipulated.

Playing with the therapist, parents, or other children in the playroom, youngest children watch to see what the other people are going to do and then they decide if they want to do that or something else. They rarely initiate interactions, but once they notice something they want to do or get invited to join in the play, they are great at playing—

it is, after all, their specialty. They tend to try to get out of cleaning the room, and they often resent it when the therapist returns responsibility to them, often attempting to manipulate the therapist into doing things or making decisions for them.

Other Factors Involved in Family Constellation

If the family is large, there will frequently be several children who manifest the characteristics of each birth order position. Whenever there is a gap of 4 or 5 years between children, a new sibling subset is formed. For example, in my family of origin, I was born first, and my brother Scott was born 2 years after me. Then my mother rested 4 years before my sister, Tracy, was born. Two years after Tracy, Brian was born, and 3 years later Tim was born. We have two distinct sibling subsets—called the Big Kids and the Little Kids. I am the typical oldest child, with all of the assets and liabilities. Scott is a relatively typical second child, though he also has some characteristics of the youngest child (very charming, highly competitive—always knows what the score is in every situation). Tracy is the oldest child in the Little Kids subset but the middle child within the entire family. She has some of the traits of an oldest child and some of the traits of a middle child (kind of a bossy, really responsible peacemaker who dislikes conflict but loves to tell other people what to do). Brian is pretty consistently a middle child; he loves peace, comfort, and calm and wants everyone to be happy. He is often overlooked and does not seem to mind that. Tim, being the youngest of both subsets, is a super-baby. He is charming, manipulative, funny, a little narcissistic, and very creative.

In families in which there is no significant time span between children, the psychological components that affect the family constellation become even more important. Factors such as family values, family atmosphere, gender, and culture have a crucial impact on how the children perceive their roles in the family.

EARLY RECOLLECTIONS

Adler believed that early recollections—selected memories from the person's first 6 to 8 years of life—"provide a brief picture of how an individual views himself [or herself], other people, and life in general, what he [or she] strives for in life, and what he [or she] anticipates as likely to occur in life" (Gushurst, 1971, p. 33). Because people selectively remember events from their past, the situations and relationships they choose to recall usually have some type of significance for them. A child's early recollections can provide valuable clues about his or her lifestyle, mistaken beliefs, social interactions, and goals of behavior (Bordon, 1982; Nelson, 1986).

Events that happened on a regular basis, such as going to Grandma's house every summer, do not qualify as early recollections. To count as an early recollection, the memory must be an event that happened just a single time. If the client cannot remember anything that happened, I usually ask her or him to tell me about something that someone told about a time when he or she was little—like a family story.

In Adlerian play therapy, gathering early recollections is one option for developing an understanding of a child's lifestyle. With children younger than 6 or 7, I sometimes have difficulty engaging them in the memory process necessary for success with this strategy. This does not mean that a therapist could not try to use this technique with younger children, but he or she will need to be especially patient and creative to interest younger children in remembering.

Before asking the child for early memories, the counselor should establish rapport, observe the child's usual behavior, and gather information about the child's family constellation (Bordon, 1982). These preliminary procedures give the counselor a basis for deciding whether to ask the child to draw, tell, or act out using puppets or dolls the early recollections. This should be based on the child's favored form of expression. The preliminary procedures also give the counselor a context for understanding the meaning of the recollections and how they relate to the child's lifestyle. The counselor gathers between five and seven early recollections. With a child, this should happen over the course of several sessions because the child may become bored and rebellious if the counselor expects him or her to spend an entire session just doing early recollections.

Depending on the chosen modality of expression, the counselor says something like:

- "Draw me a picture of something that happened when you were very little."
- "Tell me a story about something that happened when you were younger."
- "Use the dolls or puppets to show me a story about something you did when you were a little kid."

If the child uses drawing to capture the early recollection, the counselor asks him or her to tell about what is happening in the picture. No matter what form of expression the child uses, the counselor should write down everything he or she says. Detailed information helps the counselor to interpret what the early memory means to the child. It is also important to ask the child to describe any feelings associated with the memory and to guess what age he or she was when the event occurred.

After the child has related several early recollections, the play therapist begins to look for the central theme of each memory and the overall pattern among the memories. By considering the following questions (Dewey, 1978), the therapist can begin to formulate ideas about the child's lifestyle:

- What is the feeling tone of each recollection? Is there a pattern in the feeling tones of the different recollections?
- What is the focus of each memory? What stands out as being the most important or vivid part of the memory? Is there a pattern in the foci of the different memories?
- Is the client part of each memory? If so, is the client an observer or a participant? Is there a pattern of being an observer or participant throughout the various memories?
- If the client is part of the recollection, is he or she alone or with others? Is there an intermemory pattern of being alone or with others?
- If the client is part of the memory, what is her or his relationship to the other people in the memory? Is there an intermemory pattern of relationships?
- If the client is part of the memory, does he or she give to or take from others? Is there a pattern?
- Is there a major concern with people or material possessions or the situation? Is there a pattern among memories?
- Does the client appear to feel or act superior to others or inferior to others in the memory? Is there a pattern?
- Is the client in control of the situation or is someone else in control? If the client is in control, how is she or he gaining the power? If someone else is in control, who is it and how is he or she getting control? Patterns?
- Is the client taking care of others or are others taking care of the client? If the client is taking care of others, how is this happening? If others are taking care of the client, how is this happening? What are they taking care of for the client? Patterns?
- What emotions does the client associate with the memory? How strong are those emotions? What does the client think the emotions are about? Patterns?
- Is the client conforming or rebelling? Patterns?

Children's early recollections can be distilled versions of their lifestyles. By examining these early memories and looking for patterns, the Adlerian play therapist begins to comprehend children's attitudes toward themselves, their relationships with other people, and their views about the world.

FUNCTIONING AT LIFE TASKS

"The tasks of life provide a useful overview as to how the client is currently functioning in the core issues confronting everyone" (Eckstein & Baruth, 1996, p. 116). As defined in Adlerian theory, the five life tasks are work, love, friendship, spirituality/existential, and self (Dreikurs, 1952–1953; Dreikurs & Mosak, 1967; Eckstein & Baruth, 1996).

For children, I define the work life task as their functioning at school, the love life task as their relationships with other family members and their level of connectedness in their family, and the friendship tasks as their interactions with and attitudes about other children. Many children do not have strong beliefs about the more abstract questions of how and why humans beings exist, so for them the spirituality/existential life task can be defined as a sense of purposiveness, optimism, values, and their beliefs about some kind of higher being. Eckstein and Baruth (1996) defined the task of self as including a sense of self-worth; a sense of control; realistic beliefs; spontaneity and emotional responsiveness; intellectual stimulation, problem solving, and creativity; sense of humor; and physical fitness and health. As I think about children and their functioning at this life task, all of these elements can play a part in how well they are doing at the task of self.

Observation of free play, interactions among family members, and school behavior and information supplied by the child, the parents, other family members, the child's teacher, and the school counselor can give the play therapist much information about the child's functioning at life tasks. It is also helpful to set up specific play situations, using school play, the dollhouse, puppets, animal figures, and baby dolls, to investigate how the child feels about, thinks about, and behaves in relation to each of these tasks. With other children, I engage them in playing therapeutic board games, such as *The Talking, Feeling, Doing Game* (Gardner, 1973). I also use a variety of art techniques to get information about each of the life tasks, including body outline drawings (Kottman, 1997; Muro & Kottman, 1995; Steinhardt, 1985), feeling drawings (Gerler, 1982; Muro & Kottman, 1995), self-portraits (Cockle, 1994), and The Color-Your-Life technique (O'Connor, 1983). I often ask the child to draw a kinetic school drawing (KSD; Knoff & Prout, 1985) to gain an understanding of how the child's educational experiences and attitudes toward school relate to the family constellation. (See Appendix H for instructions on how to administer the KSD and questions to ask for further information on school interaction.)

LIFESTYLE CONCEPTUALIZATION

It is essential to remember that the purpose of gathering all of this information is to help form a picture of the client and his or her world to be able to help the client gain insight into lifestyle and make changes in attitudes, perceptions, emotional responses, and behaviors. On the basis of the information gathered about the family atmosphere, the family constellation and psychological birth order position, and the early recollections, a picture of the child's perceptions, basic convictions, private logic, ways of gaining significance, and goals of behavior emerges. Putting all of these data together, the Adlerian play therapist can start to formulate lifestyle hypotheses and the lifestyle conceptualization of the child, which are then used as the basis for planning the rest of the play therapy process.

CASE EXAMPLE

Continuing from chapter 5, the case example in this section illustrates how an Adlerian play therapist can gather information about a child during the second phase of therapy and use this exploration to begin to formulate guesses about the child's lifestyle.

In my third through seventh play therapy sessions with Keesha and in the parent consultation sessions with Dr. and Mrs. Fox, I gathered information about family atmosphere, family constellation, early recollections, and functioning at life tasks to form an understanding of Keesha's assets, Crucial Cs, goals of misbehavior, personality priorities, mistaken beliefs, and private logic. Because I believed some of the dynamics of their own personalities were having an impact on Keesha's behavior and attitudes, I also decided to do an informal conceptualization of both of her parents. Consequently, I gathered information from them about their families of origin. After chatting with her teacher on the telephone, I determined that she was actually feeling pretty comfortable about the way she was handling Keesha's behavior, and I decided that it was not necessary to do a lifestyle conceptualization with her.

In talking to Dr. and Mrs. Fox, I found that they had come from similar family backgrounds. They had both grown up in working-class families, with major financial struggles. Dr. Fox's mother had suffered from some type of unspecified mental illness, and Mrs. Fox's father had been an alcoholic. This had created inconsistent family atmospheres, with many of the characteristics of hopeless, disparaging, and inharmonious families. They were both oldest children who had been expected to take on many parenting responsibilities. Dr. and Mrs. Fox shared some similar responses to their chaotic families—they had decided that the way to leave these struggles behind was to work hard and be responsible. However, the methods that they used to operationalize these desires was radically different. Dr. Fox had developed pleasing and the achieving form of superiority as his personality priorities. He reported that he often believed that he was not as capable as others, and he felt that he needed to work harder than others to be recognized for his accomplishments (which sounded like a struggle with his belief that he counted). Mrs. Fox admitted that control and outdoing were her personality priorities and that she did not feel that connecting to others was easy or rewarding. Both of them wanted to make absolutely sure that their family did not duplicate the patterns of their families of origin, and they were afraid that their struggles with Keesha were an indication that they were failing as parents. In talking with them, I acknowledged that their own issues were getting in the way of their being as consistent and supportive of Keesha as they wanted to be, which was contributing to the problems. I also tried to reassure them that the difficulties were not insurmountable. I suggested that this did not make them failures as parents, but it did make them human.

I already had some information about Keesha's perceptions of the family atmosphere from her role playing about the relationship between the mother and daughter in the second session, but I wanted more data for her. Keesha had not yet done any art in the playroom, so in her third session, I asked her to draw a picture of her family, with everyone doing something. She declined to draw a picture, telling me that she was not good at drawing and did not like doing it. Instead, without looking at me or acknowledging what she was doing, she went over to the dollhouse and chose several different dolls (one white woman, one dark-brown man, one light-brown man, one light-brown woman, and a light-brown child) from the doll families. She arranged the dolls in the dollhouse, but then said that she would rather put them in the sandbox with "some stuff to show you what they are doing." I recognized that she was about to do a kinetic family sand tray rather than a kinetic family drawing and had to work hard not to jump up and down with excitement at her creativity. She went through the toys in the sand toy selection and chose several different objects and arranged the dolls and the objects in the sand. Keesha put the white woman (representing her mother) at the top of the sandbox and put a tiny sword next to her. She said, "This one gets mad if you don't do what she wants. She is fierce. She can also protect you from other people if they are mean, so that's good." Keesha put the dark-brown man (representing her father) next to the white woman. She had folded several sheets of paper into little squares, which she told me were books that belonged to him because "he reads a lot." She also put several gold coins by this figure, with the remark that "he will give you money if you tell him what you need it for." She put the light-brown man and woman (representing her brother and sister) close to the other two figures, but a bit lower than they were in the sandbox. Next to the man, she put a small plastic skeleton and several other "books" that she had folded and said, "He is really smart. He is going to be a doctor, but not like my dad—a doctor that fixes sick people." Next to the woman, she put a small dog, a cat, and a ball. Her comment as she did this was, "My sister is really good with animals. I hope she will be a vet—that would be cool. She is also good at lots of sports, especially running, but you don't have anything about running and stuff." In the bottom corner of the sandbox away from the other figures, Keesha placed a fence around the small light-brown doll. She stepped back, looked at the sandbox and the dolls for a short time, then went and got a dinosaur, a lizard, a lion, and several rocks from the treasure box and placed then next to the light-brown girl and smiled. She looked at me and said, "Well, she is all by herself, but she has some pets to play with and keep her safe and help her guard those treasures."

Because Keesha had switched back and forth from discussing the dolls in the abstract and as members of her family, I decided to ask my questions in the abstract, sticking to the metaphor rather than asking questions directly about her family. I asked her some of the same questions I would ask if she had drawn a kinetic family drawing. I asked about the relationships (who likes who, who fights with who, etc.) between the various dolls, about how each of them felt about themselves and the others, about the kinds of things they liked to do, about what each of them was good at doing and what each one of them got into trouble for doing, about what they would wish for if they each had three wishes. Keesha asserted that everyone in this family got along just fine, with very few conflicts, but she mentioned that "not everyone is always happy though." She mentioned that the whole family liked to go for walks, to music concerts, and to the athletic events of the two older dolls. She told me that the brother and sister had played with one another when they were younger and that they frequently "just hang out together." She also felt as though they did not spend very much time with the smaller doll, either playing or fighting. She stated, "They really don't have time for her." She also noted that the older siblings bossed the smaller doll around and indicated that "every one always tries to tell her what to do." Keesha told me that the older boy was good at school, the older girl was good at school and at sports, and the younger girl was good at "getting into trouble with everyone." She stated that the older dolls did not get into trouble for anything but that the younger doll got into trouble for "everything, except when she is really nice to people, but since she doesn't do that as well as the other kids, maybe she just decided it was too much trouble." When I asked her about each doll's wishes, she told me that the mom would wish that everyone would "do what they are supposed to do, especially when she told them to do stuff"; the dad would wish for "peace and everyone getting along and being happy"; the older brother would wish to get accepted to medical school so he could be a doctor and help people; the older sister would wish to be faster ("maybe really fast like in the Olympics"); and the younger sister would wish for "everyone to pay more attention to her, to be nicer to her, and not to get in trouble so much and to be smarter like the bigger kids."

Keesha was very cooperative in answering my questions, staying in the metaphor the entire time. At the end of the session, I asked her if I could take two photographs of the family in the sandbox—one for her and one for me. She said that she did not want one, but it was OK with her if I took one for myself because I "should remember about this. It is important for you to know." I chose not to ask her to put the toys away, telling her that this week we would just leave things as they were but that the next week we would go back to picking up together.

As I thought about Keesha's work with the dolls and the sandbox, I recognized that she had revealed more information about the family atmosphere and how it was affecting her lifestyle. Keesha seemed to perceive the family atmosphere as somewhat democratic, high standards, and inconsistent. Based on this interaction and my sessions with her parents, I believed that the Fox family manifested many characteristics of a democratic family atmosphere. There was a sense of love and camaraderie, with the children included in many of the decisions made in the family. However, at times Keesha seemed to feel that the atmosphere in her family was inconsistent, partly because of the differences in her parents' parenting style—her mother being strict and rather controlling and her father being indulgent—and partly because of the fact that her older siblings frequently functioned in parental roles. She also seemed to perceive the high level of achievement set by her brother and sister as being unattainable. The other members of the family took their own competence for granted, which she interpreted as a lack of support for her own abilities, undermining her sense of being capable and her belief that she was significant, that she counted in the family. It seemed to me that she had been using her demanding behaviors and temper tantrums to prove to herself that she was important and in control of herself.

Through her work in the sand, Keesha had also told me great deal about her feelings about her birth order position and how she felt she gained (or did not gain) significance in the family. She had also revealed some information about her assets, her goals of misbehavior, her Crucial Cs, her personality priorities, and her functioning at the life tasks of family and self. She seemed to feel rather isolated in the family, kind of like the rest of the family fit together and she did not. I thought this was partially due to her status as both the youngest child and as an only child. Because there was such a big gap between the two older children and Keesha, in some ways she really was an only child, which could have easily been the significance of the fence around the figure who represented her. This fence may have also shown her feelings of isolation or differentness from the other members of the family. Most of her interactions were with adults or older teens, so she was accustomed to being the center of attention and treated as if she was a miniature adult. She had an excellent expressive vocabulary and highly advanced abstract reasoning skills. She was used to getting her way and to comparing herself with individuals who were much older and more skilled than she was, so she constantly felt that she could not measure up to the standards set in the family. She did not think of her siblings as companions or rivals—she considered them as adults who wanted to tell her what to do. She had some traits of the youngest as well. She could be quite charming when she wanted to be and knew how to wrap adults around her fingers to get her way. She was also used to getting her way, and when she did not, she demanded it.

I believed that Keesha was experimenting with how to find a place of significance in the family. She seemed to feel that the two older children had already secured their sense of belonging by accommodating their interests and talents to meet the family values of making a difference in the world, being intelligent, athletic, and musically talented. She truly seemed baffled about how she could compete with her siblings in any of these arenas and had begun to move in the opposite direction—if she could not be very good at things that were valued by the family, she would get attention and a place by being really good at misbehaving.

In our fourth session, I decided to switch back to being less directive to see what information I could gather through Keesha's free play. During this session, she played almost exclusively by herself, without asking me to play until the very end of the session. She painted a picture, making some human figures and then covering them up with dark brown paint. She played with some dinosaurs, having several of the bigger dinosaurs tell the smaller dinosaurs what to do and having the smaller dinosaurs argue with the bigger ones and just ignore them when they were being bossy.

It seemed to me that the play with the dinosaurs was about the family constellation; her functioning at the life tasks of family and self and her goals of misbehavior, Crucial Cs, and personality priority. She was at the bottom of the heap in the family, feeling as though she was the only one who did not have any power or control. She seemed to be developing the goal of power—trying to overpower others to make sure that she had some control over herself. This related to her personality priority, which seemed to be control. It was my interpretation that she felt pretty courageous, but she was not sure how she could connect, what she could do that demonstrated her competence, and whether or not she counted in the family.

Toward the end of the session, Keesha took several gorilla figures and some polar bears and arranged them into groups. She put the polar bears next to one another and the brown gorillas next to one another, and gave me the one black gorilla. She told me to move it from group to group, asking if they wanted to be friends. She spoke for the polar bears and the brown gorillas, telling the black gorilla to go away, that they did not want to be friends with him. She asked me to have the black gorilla get mad and start jumping on the other gorillas to "try to make them be friends." I reflected the feelings of the various gorillas, especially the black gorilla, who I believed represented Keesha. As she played this, Keesha seemed very sad, which I reflected and she acknowledged. When I asked her what she was sad about, she said, "just because" in an almost listless voice, which was not at all like her usual way of interacting.

I wondered if this play with the gorillas was related to two different strands in what I saw as Keesha's lifestyle—one related to finding a place in the world and the other related to her feelings and evolving beliefs about being biracial. The play themes here suggested that she was really struggling with understanding how she could fit with others and be accepted. She seemed to be struggling with the life tasks of friendship and love, unsure of how she could gain acceptance from her peers and from the other members of her family. Play from some of her previous sessions (the sorting in the first session, the fence around the small light-brown doll during her sand work) could easily have also been related to her wondering about how being biracial affected her ability to belong.

In our fifth session, I tried to gather some more information about Keesha's lifestyle, with a special interest in how she was perceiving being biracial. First, I asked her to tell me some general early recollections. She declined to tell me any stories or act out any stories about when she was younger. I then tried to get a focused early recollection about a specific issue. I explained that sometimes when I was little, I felt kind of weird and different because I was fat and wondered if she remembered any times when she felt different from other kids or other people. Keesha was very quiet for a long time, and I was beginning to worry that I had been too direct or that she had not really understood my question, but I just sat quietly waiting for her to respond. She finally told me a story about a time in first grade when the other kids asked her why her mom was White when everyone else in her family was Black and she had not known what to say. Keesha related that she had tried to talk to her mother about this incident and her feelings, and her mother had told her not to worry about it—that the children were just being rude. Then her mother had gotten really angry with the other children because "she thought they had hurt my feelings" and had gone to school to complain about this behavior. Keesha commented that she was confused by this reaction; she was glad her mom was trying to protect her from getting her feelings hurt, but her feelings were not really hurt. She wished that her mom would have talked to her about her feelings instead of making a big deal about it and getting the kids in trouble when they were just asking her something she had wondered herself. After she mentioned this, she abruptly changed the subject, getting really angry with me because I was "using up all my playing time with this stupid danged talking. What good are you anyway?" Although I metacommunicated about my belief that she was uncomfortable about our conversation, she would not speak to me the rest of the session.

I brought up the topic of Keesha being biracial with her parents and got a mixed reaction. Mrs. Fox suggested that their daughter never talked about this as a problem except when "other kids were picking on her at school." Dr. Fox, based on his own field of expertise and several recent interactions with Keesha, reported that he thought this was an area that concerned their daughter, but he was unsure about how to help her with her feelings. I recommended that they both work to listen closely when Keesha brought the issue up and reflect her feelings without trying to "make things better for her."

Keesha came into the sixth session angry. Her mother reported that she had gotten into trouble at school, thrown a tantrum because they were coming to therapy, and refused to come into my office. Mrs. Fox, unsure of what to do and extremely aggravated with Keesha, had threatened to spank her if she did not come to the play session. Keesha spent almost the entire session ignoring me and hitting the punching bag. I did not try to push her into interacting with me, reflected her feelings of being angry and frustrated, and metacommunicated about her discomfort at my asking her questions about being different in the previous session. I spent much of the session just watching her, trying to silently convey my unconditional regard for her. At the end of the session, she painted a picture of a face with tears running down the cheeks, tore it up, threw it into the trash can, and ran out of the room.

Keesha came into our seventh session much happier than she had been in the previous two sessions. She was very excited because she had made a new friend at school. I asked her to draw a picture of herself, her new friend, some other kids in her class, and her teacher. She consented to do this, and while she drew, I asked her some of the lifestyle questions from Appendix G about her friends and about how things went for her at school. She drew a very sketchy picture of herself and two other figures, scattered across the page. As she drew, she told me that she had not had very many friends in her life, but that the other kids "seem to like me, but they don't really want to play with me." When she was done drawing , I asked her a few questions from the list in Appendix H about the drawing. Keesha believed that her new friend liked her because she had "been doing much better at getting along in school. Even my teacher gave me a compliment on that. I decided that I would be nice to this new girl—she seemed really scared and lost, so I decided to help her out." When she had talked about the drawing for a short time, Keesha again wanted to "stop talking and let's get to the playing part." She proceeded to choose two of the brown dolls, and they played and talked together. At her request, I played with her—I manipulated and spoke for one of the dolls, and she did this with the other doll. She got impatient with my use of the Whisper Technique to get her to direct the play, however, so after a short time, she dismissed me and took over manipulating both of the dolls.

Although I would continue to gather more information in subsequent sessions, I now believed that I had enough information to begin the process of conceptualizing Keesha's lifestyle and making a treatment plan for working with her. I also thought that I could make a valid assessment of how her parents' lifestyles were having an impact on their interaction with her and develop a plan for helping them make some necessary changes in their parenting and the relationships within the family.

In the continuation of this case example in chapters 9, 10, and 11, I outline my conceptualization and treatment plans for Keesha and her parents. I describe some of the strategies I used to help Keesha gain insight into her lifestyle, decide whether she wanted to make changes, and learn and practice some new skills and attitudes. I also discuss techniques I used in consulting with Keesha's parents to help them to better understand her and begin to make shifts in the family atmosphere and the parenting strategies to support the changes Keesha decided to make.

SUMMARY

In the second phase of Adlerian play therapy, the therapist uses specific strategies to explore the family atmosphere, family constellation, early recollections, and functioning at life tasks of the child and of the parents (and teachers when appropriate). The purpose of this process is to gather enough information about the child's assets, Crucial Cs, goals of misbehavior, personality priorities, mistaken beliefs, and private logic to be able to form a clear picture of the child and his or her social context. This picture will guide the therapist in helping the child and his or her family (and school personnel) make changes in attitudes, perceptions, thoughts, feelings, and behaviors during the third and fourth phases of the Adlerian play therapy process.

Chapter 9

DEVELOPING LIFESTYLE CONCEPTUALIZATIONS AND TREATMENT PLANS

USING THE INFORMATION gathered during the second phase of play therapy, the Adlerian play therapist formulates a conceptualization of the child that will help to guide the rest of the therapeutic process. The therapist integrates information obtained through (a) observation of the child's play themes, the child's relationships with others, the child's artwork, and the child's behavior both in and out of the playroom; (b) the child's answers to the therapist's questions; and (c) interviews with parents (and sometimes with teachers). If the therapist believes that the adults in the child's life are significantly contributing to any problems experienced by the child, it is sometimes helpful to develop lifestyle conceptualizations for parents and teachers as well. On the basis of the lifestyle conceptualizations of the child and other people in his or her life, the play therapist devises a treatment plan for working with the child and anyone else who needs to make shifts in behavior and attitudes to support the changes the child makes in the third and fourth phases of play therapy.

In Adlerian play therapy, the therapist does not go into a session with a list of hypotheses about the client's lifestyle and explain them to the client. It is important that the counselor share the conceptualization with the client, but in a gradual, subtle way. In the third phase of Adlerian play therapy, helping the child gain insight into his or her lifestyle, the therapist metacommunicates and makes guesses, uses metaphors and art techniques, and offers interpretations of conversations and play to help the child gain a clearer and more objective sense

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of how the child sees self, others, and the world and how she or he acts as if these perceptions are true. In consultation sessions, the therapist works to help parents (and teachers) cultivate an understanding of the child's lifestyle, of their own lifestyles, and how the interaction of the lifestyles of all concerned parties interact to affect the child.

LIFESTYLE CONCEPTUALIZATION

In developing the lifestyle conceptualization, the play therapist summarizes the critical elements of information gathered during the second phase of play therapy and generates a list of lifestyle convictions (the basic ideas on which clients base their behavior) and a list of behaviors that stem from these beliefs. (See Appendix I for a sample form to use for this process.) The play therapist can also examine clients' private logic as a further means of understanding their cognitions, attitudes, motivations, and behaviors. It is essential to remember that the purpose of this process is the cultivation of a sense of who clients are, which methods they use to gain a sense of belonging, and the kinds of support they will need to help make shifts in their patterns of thinking, feeling, and behaving.

Lifestyle Conceptualization of the Child

The first step in developing the lifestyle conceptualization for a child is to summarize the following information and explore how the child's perceptions, attitudes, and behavior are affected by these elements of his or her lifestyle: (a) the child's assets; (b) the child's functioning at each of the five life tasks; (c) play themes; (d) the child's perceptions of his or her psychological birth order and how those perceptions affect the child's attitudes and behaviors; (e) the child's perceptions of the family atmosphere and how those perceptions affect the child's attitudes and functioning; (f) the themes in the child's early recollections that represent the child's view of self, others, and the world; (g) the child's goals of misbehavior; (h) the child's incorporation of the Crucial Cs; and (i) the child's personality priority (Carey, n.d.; Kottman, n.d.).

Assets. It is essential to develop a list of the child's assets, including positive personal traits, talents, skills, and attitudes. This list is the basis for most of the encouraging comments the therapist makes throughout the relationship. It is also invaluable in helping the therapist reframe the child's behavior for parents and teachers.

In thinking about assets of children who have been struggling or acting on the self-defeating side of life, the therapist should take into account that sometimes what others perceive as a liability or problem for the child may contain the germ of an asset if the child is willing to make some shifts in the way he or she does things. The play therapist may have to look underneath destructive behaviors and attitudes to find potential assets. For instance, Keegan makes up raps designed to insult others. While his current use of this talent is creating difficulties for Keegan, the ability to compose poetry and songs has the potential to be an asset for him. His ability to notice the weak points of others also suggests that he is very observant and perceptive.

Functioning at life tasks. In this part of my conceptualization, I frequently combine a quantitative and qualitative approach to assessing children's functioning at the life tasks. I often use a 1-to-10 scaling system for each of the life tasks, with 1 indicating that the child is really struggling in this area and 10 indicating that the child is performing optimally in this area. I always make qualitative observations about the child and how he or she is functioning in each of the five areas (work, love, friendship, spirituality/existential, and self). For instance, in assessing Lin-Joo's functioning on the life task of friendship, I might note that she seems to have many friends, but they are not the kind of friends her parents and teacher would choose for her. They are children who get into a lot of trouble at school. For Jorge's functioning at the life task of self, I might comment that he has a strong sense of self, demonstrated by spontaneity, creative problem-solving skills, and a witty sense of humor, but that he tends to use these skills in ways that demonstrate a lack of regard for others and their feelings. In describing Ingrid's functioning at the life task of school, I might note that overall her progress in school seems to be lagging behind those of the other children in her class but that she excels in math and science.

The play therapist will need to consider information from the parents, teachers, and the child in deciding how the child is functioning at each life task. It is essential to consider that there may be differences between the child's perceptions and the perceptions of the adults in the child's life. If there are discrepancies, it is helpful to note these, perhaps even using two or more different sets of scaling and comments to represent the variety of opinions about the child's functioning.

Play themes. In this section of the conceptualization, the play therapist makes a list of the important themes that are expressed in the child's play, metaphors, and art making. Themes would include patterns in the way the characters in the child's play, art, and stories interact with others, react to stressful situations, work to solve problems, deal with circumstances that are out of their control, talk about themselves and their capabilities, and so forth—whatever the therapist feels will help in developing an understanding of the child's attitudes and behaviors.

The therapist should also look for patterns in the child's relationship with the therapist. Does the child include the therapist in the play? Does the child engage in solitary play? Does the child ignore the therapist? Does the child act in a seductive manner toward the therapist? Does the child seem to like and respect the therapist? Is the child suspicious and distrustful of the therapist? Does the child seem to find the therapist's attention soothing? Does the child try to engage the therapist in arguing or power struggles? Any patterns in the interaction between the child and the therapist can shed light on the child's usual patterns of relating to others.

Psychological birth order/family constellation. As noted in chapter 8, the child's perception of his or her birth order position and what it means are much more important than the actual ordinal sequencing of children in the family constellation. The goal in this section of the conceptualization is to examine any information that gives the therapist clues about how the child perceives the practical implications of his or her birth order position in this particular family. By considering whether the child is "typical" of his or her birth order position, the therapist can examine the dynamics of the family and explore messages communicated within the family about the role of each birth order position. Because birth order positions have specific assets and liabilities, the therapist can use this process to organize his or her thoughts about ways to capitalize assets and remediate weaknesses. This exploration can also help the therapist discover the child's basic convictions about self, others, and the world and his or her private logic around the rules inherent in that particular birth order position.

Family atmosphere. As with family constellation, the key to conceptualizing the family atmosphere is to consider the child's perception of the atmosphere and how his or her perception affects his or her lifestyle convictions and behavior. As the therapist thinks about family atmosphere during the conceptualization process, he or she will need to integrate what the child has discussed and demonstrated about family dynamics during conversations, play, and art projects, what the therapist has observed during family interactions, and what the therapist has gathered in the way of information during interviews with parents (and teachers). With some families, the family atmosphere plays such a key role in the child's thinking about self, others, and the world that it is necessary for the therapist to develop a formal lifestyle conceptualization of the parents. For other families, it is not necessary to do a full analysis of the parents' lifestyles. Considering the impact of parental attitudes, personality priorities, Crucial Cs, and parenting skills on the family atmosphere will be sufficient. The interaction between the parents' lifestyles and the child's lifestyle is a critical factor that influences the messages the child incorporates into his or her views of self, others, and the world.

Early recollections. If the therapist has obtained early recollections from the child, he or she must analyze the themes in those memories for clues about the child's lifestyle. This section of the conceptualization is a summary of those themes and the implications for the child's current attitudes, cognitions, emotions, relationships, and behaviors. (See chapter 8 for questions to consider in analyzing the early recollections for patterns.)

Goals of misbehavior. This part of the conceptualization consists of a list of troublesome behaviors, adult reactions to those behaviors (including emotional responses and corrective action exhibited in response to the behaviors), and the child's reaction to adult responses to the behavior. The play therapist looks for patterns in these elements, hoping to find one or two typical goals of misbehavior for this child. It can be helpful to look for patterns across and differences between the child's goals of misbehavior in a variety of relationships and settings. For instance, Kent may be striving for control in his relationship with his mother but for attention in his class at school. It would also be helpful to note if certain reactions from adults are more or less successful in helping the child correct the misbehavior.

Crucial Cs. Successful incorporation of all four of the Crucial Cs into the lifestyle is important to the emotional well-being of children, so this section of the conceptualization is devoted to tracking their acquisition of each of the Crucial Cs. The play therapist will want to make a global assessment of how the child is integrating ideas about each of the Crucial Cs into his or her perceptions about self, others, and the world.

As with the functioning at the life tasks, it is often helpful to use both quantitative and qualitative assessment of the Crucial Cs. I frequently use a 1-to-10 scaling system to record my perception of whether the child is incorporating positive beliefs about each of the Crucial Cs into his or her lifestyle. In this system, a 1 indicates that the child does not seem to believe that he or she can connect, is capable, does count, or has courage; a 10 indicates that the child has absolute faith that he or she can connect, is capable, does count, or has courage; and the numbers between 1 and 10 indicate relative positions on this scale. For the area of connect, I make qualitative comments about the ways the child connects, the people with whom he or she connects, his or her level of social skills, and his or her attitude about connecting and level of social interest. In thinking about the Crucial C of capable, I make comments about areas in which the child believes that he or she is capable or not capable and areas in which he or she demonstrates competence or a lack of competence. When there is a discrepancy between the child's perceptions and my observations or the comments of other people in the child's life, I note this as well. For the area of count, I notice the relationships and situations in which the child believes he or she counts or does not count, relationships and situations in which the child actually does make a difference (in positive or negative ways), and circumstances in which the child feels that he or she counts conditionally. In considering the child's ability and willingness to exhibit courage, I make note of relationships and situations in which the child perceives he or she demonstrates courage or lack of courage and situations and relationships in which the child actually seems to demonstrate courage or lack of courage.

Personality priorities. In thinking about the child's personality priority, the therapist will need to consider how the child reacts to stressful situations and how the child tries to gain a sense of belonging and significance. In this section, it is important to list the one or two priorities that the child uses as coping strategies or patterns of interaction with others, along with the behaviors and attitudes that seem to support the priority. Additional comments about how the child's personality priority is affecting his or her functioning at life tasks, relationships with others, goals of misbehavior, and the Crucial Cs can enhance the usefulness of this section of the conceptualization.

Another helpful dynamic to consider here is the interaction between the child's personality priority and the personality priorities of the influential adults in the child's life. Some combinations of priorities seem to positively affect the child's relationships and functioning, and others seem to interfere with attitudes and interactions. For example, if Mr. Jackson's personality priority is control and his daughter Suzie's priority is also control, then this will generally lead to power struggles as being an inherent part of their relationship. However, if Mrs. Jackson's personality priority is pleasing, she may get along with Suzie better than her husband does.

Younger children may not always have developed personality priorities. If this is the case, the play therapist can skip this section of the conceptualization or use it to discuss his or her assessment of the impact on the child of the personality priorities of parents and teachers.

Lifestyle Convictions

The play therapist takes all of this information and extrapolates statements that represent the child's lifestyle convictions and the child's belief about how his or her behavior must be if those convictions are true. In doing this, it is helpful to complete the following sentence stems (Eckstein & Baruth, 1996; Shulman & Mosak, 1988) as the therapist believes the child would complete them:

I am . . .
I must be . . .
Others are . . .
Others must be . . .

My relationships with others are . . .
My relationships with others must be . . .
The world is . . .
The world should be . . .
Life is . . .
Life should be . . .
Based on these convictions, my behavior must be . . .

There are a plethora of responses each child could make to complete these sentences, so the therapist lists as many different responses as possible for each stem. I sometimes have as many as 20 or 25 for each sentence stem for a child.

After generating these lifestyle conviction statements, the therapist will find it beneficial to go through and decide which of these beliefs are faulty or mistaken. By labeling specific convictions as self-defeating for the child, the therapist can make a determination of which beliefs to target for intervention (with such techniques as spitting in the soup and therapeutic metaphors) during the third phase of play therapy.

Private Logic

> The individual's Private Logic is premised upon the person's unique evaluation of self, others, and the world, and what is required of him or her. Private Logic is based upon convictions which are not usually in awareness....In Adlerian therapy, client and therapist work together to uncover and explore the Private Logic by which the client has been answering such questions as (1) What kind of person am I? (2) What kind of a world is this? (3) What must a person such as I am do in a world such as this is, in order to make a place for myself? In sum, the effort to clarify the Private Logic asks, "What would have to be true for a particular, socially unintelligible, behavior to make sense?" (Griffith & Powers, 1984, p. 39)

As part of the conceptualization process, the play therapist looks at the child's attitudes, cognitions, behaviors, feelings, and perceptions to find patterns that suggest that private logic is at work. Because private logic dictates that the child act as if his or her faulty convictions are true, discovering the child's private logic can give the therapist a vehicle to facilitate change through communicating about basic mistakes, helping the child uncover hidden motivation, using paradox and humor to help the child look more closely at his or her behavior, and reframing the child's behavior (Mozdzierz, Murphy, & Greenblatt, 1986). Whenever possible, the play therapist helps the child replace private logic with common sense—"that understanding and evaluation of life which is held in common by the broader community" (Griffith & Powers, 1984, p. 40).

Lifestyle Conceptualization of Adults in the Child's Life

Parents. When the therapist believes that parents are contributing to the difficulty experienced by the child, it is frequently helpful to do a thorough assessment of parents' lifestyles. This gives the therapist a basis for planning intervention with the parents during the third and fourth phases of the Adlerian play therapy process.

When the therapist decides that this would be a useful procedure, he or she takes the information gathered through parent consultation interviews and organizes it so as to provide a complete picture of parents' views of self, others, and the world; of relationships; of parenting; of the children; and of the spousal relationship. This strategy also allows the therapist to consider parental assets and functioning in the role of parent. (See Appendix I for a format for organizing this information.)

Teachers. It would be relatively rare to consider a formal lifestyle conceptualization on a child's teacher necessary. However, if the therapist feels that a teacher's issues are interfering with his or her ability to make the changes needed to support the child and his or her growth, it can be helpful to gather enough information to do a formal conceptualization. This process would involve a more extensive interview with the teacher than usually occurs, so the teacher would have to be a willing participant. If there is a teacher who seems to struggle with a certain "type" of child, sometimes a school counselor can put together a lifestyle conceptualization to share with the teacher to help him or her discover what about those particular children is "hooking" the teacher. (See Appendix F for a format to organize this information.)

CASE EXAMPLE

I did the following conceptualizations for Keesha and her parents to illustrate how to use this format as a method of organizing the information gathered in the second phase of Adlerian play therapy to generate a treatment plan for the third and fourth phases. I did not gather all of the information possible from Dr. and Mrs. Fox because I did not believe that it was necessary to do a complete lifestyle analysis on them. If I had been going to work individually with them on their own issues or on marital issues, I would have gathered more information from them, but I believed that they did not need extensive personal work to make a difference in their parenting. Because her teacher was confident that the strategies she had developed to work with Keesha were sufficient for dealing with any problems she was experiencing at school, I chose not to do a conceptualization for her.

Because I do not work with managed care companies, I do these conceptualizations for my own personal use—to guide my thinking and planning. I tend to use lists and shorthand when I make notes on specific behaviors and attitudes rather than writing formal complete sentences. Play therapists who are including their conceptualization in records for managed care companies or agencies may have to conform to more formal writing rules.

ADLERIAN PLAY THERAPY LIFESTYLE CONCEPTUALIZATION—KEESHA FOX

Assets: Intelligent, creative, resourceful, engaging when she wants to be, insightful, wants to belong in positive ways, respects the abilities of others, high standards for achievement.

Functioning at Life Tasks:

School: 1 2 3 4 5 6 7 [✓ 8] 9 10
Academically above average; temper outbursts; talks back to teacher; teacher feels that there has been improvement recently.

Friendship: 1 [✓ 2] 3 4 5 6 7 8 9 10
Does not have many close friends; does not seem to have many direct conflicts, but other children may not want to play with her because she does not share power.

Love/Family: 1 2 3 4 5 [✓ 6] 7 8 9 10
Obviously she loves her family, but she is not sure how she fits.

Self: 1 2 [✓ 3] 4 5 6 7 8 9 10
Seems to have many doubts about herself—she is not confident about herself; takes herself very seriously; believes she must be in control at all times.

Spirituality/Existential: 1 2 3 4 5 [✓ 6] 7 8 9 10
Unclear how she feels about this; family does attend church, but not regularly.

Play Themes:

Control—Who is in control? How does one get to be in control? What happens when someone else is in control of you? How do you make sure that this cannot happen?

Fitting in—How do you fit in? How do you know where you fit in? What happens when you don't fit in? How do you deal with rejection? What is your place in the world? How can you belong in your family? How can you belong in other situations? How do you make and keep friends? (Is this theme connected to the biracial issue?)

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Family Constellation/Psychological Birth Order Position: Both youngest and only child—in many ways seems to feel as though she has four parents, all sending her mixed messages on how to be accepted in the family. Much of her behavior fits the youngest pattern—charming (when she wants to be), creative, and spoiled (works really hard to get her own way and thinks that she should always be able to control situations and other people). Everyone else in the family has more power and more expertise than she does—has decided that she cannot keep up, so she is working to prove that she is good at something no one else in the family is—being bad. Qualities of an only child—very independent, gets along well with adults, has an amazing expressive vocabulary. Rather spoiled and expects others to accommodate to her needs and desires.

Family Atmosphere: Mostly democratic (kids have power, but boundaries and limits are set), but with some pretty significant gaps and problems. Both parents working hard to be what they define as "good" parents. One problem—their definitions are radically different—makes for an inconsistent family atmosphere, very confusing to her. Lack of consistency accentuated by her brother and sister having parental rights at times, dictating her behavior and punishments. Entire family is extremely accomplished, which is connected to their high standards—this can actually be very positive, but Keesha finds it discouraging—believing that she cannot live up to the standards.

Early Recollections: Did not get any, other than the one related to being biracial, which suggested that this is a somewhat significant issue for her. Also suggested that other family members may not know how to respond in ways that are helpful for Keesha.

Goal(s) of Misbehavior: Power—kind of a combination of too much power (getting her way from dad) and too little power (not having enough control in relationship with mother and siblings)—parents are inconsistent in their response to her behavior, which causes problems.

Crucial Cs:

Connect: 1 2 3 4 [✓ 5] 6 7 8 9 10

Rather limited skills in making same-age friends, connects well with adults, need for control currently limits potential in this area.

Capable: 1 2 [✓ 3] 4 5 6 7 8 9 10

Very capable, but does not believe that she is, extremely competent academically, at school self-doubts limiting—not abilities.

Count: 1 [✓ 2] 3 4 5 6 7 8 9 10

Unsure about how she counts in both family and at school—does not believe she makes a difference anywhere, so works to stay in control of herself.

Courage: 1 2 3 4 5 6 7 8 9 10
Actually has quite a bit of courage—is willing to take risks, try new experiences.

Personality Priorities:
Keesha—control—maybe some pleasing too with me, but not seen much in the family.

Tracy—control, with some superiority thrown in.

Leander—pleasing, with a little comfort and a little superiority.

Primary area of contention in family between Keesha and Tracy—trying to decide who is going to be in control. Leander and Keesha—complementary priorities, resulting in positive interactional patterns. Unsure about other children.

Lifestyle Convictions:
I am . . . different than other people.
. . . unsure of how I can fit in relationships.
. . . not as smart or powerful as others. *
. . . bad. *
. . . not as important as other people. *
. . . not as accomplished as other people. *
. . . kind to others.
. . . pretty good at school.
I must be . . . in control. *
. . . willing to overpower others in order to get what I want. *
. . . charming to get what I want.
. . . really nice to other people or they won't like me. *
. . . willing to show other people that they can't boss me around.*
Others are . . . not to be trusted. *
. . . more important than I am. *
. . . more powerful than I am. *
. . . different than I am.
. . . smarter and more accomplished than I am. *
. . . not as good in school as I am.
. . . not going to accept me because I am different than them. *
. . . nice, interesting.
My relationships with others must be . . . guarded. *
. . . tentative, always looking for a slight. *
. . . showing them that they cannot control me. *
. . . manipulative. *
. . . friendly and kind.
The world is . . . a place of uncertainty and confusion. *
. . . a nice place.

* those that are mistaken beliefs/faulty convictions

. . . a safe place.
. . . a place where I do not have enough power. *
. . . a place where I have to work very hard to find a way to fit. *
. . . a place filled with people who are different than I am.
Life is . . . unfair and uncertain. *
. . . fun and exciting.
Life must be . . . fair. *
Based on these convictions/perceptions/beliefs/feelings, my behavior must be . . . controlling. *
. . . manipulative. *
. . . kind.
. . . working hard to find a place.
. . . erratic—to keep everyone guessing. *

Private Logic: Keesha's conclusions about herself, others, and the world are based on her mistaken belief that she cannot gain a place in the family without resorting to "bad" behavior.

ADLERIAN PLAY THERAPY LIFESTYLE CONCEPTUALIZATION—ABBREVIATED—TRACY FOX

Assets: Intelligent, hard-working, well-intentioned, loves her children and husband, wants to be a good parent, willing to learn new skills.

Functioning at Life Tasks: All are fine, except she may struggle with self—rigidly high standards, rather inflexible. Her relationship with Leander works very well—they seem to balance one another—his pleasing and her controlling actually work great together.

Functioning in Role as Parent: 1 2 [✓ 3] 4 5 6 7 8 9 10
Seems at a loss/deskilled by Keesha's behavior. Other children were conforming, excelled without a lot of guidance. Keesha's behavior is confusing to her, has evoked both self-doubt and stubborn reaction/adherence to ineffective discipline methods. Admits Keesha is a lot like her. Needs to learn new parenting skills for interacting with Keesha/seems willing to do this.

Family Constellation/Psychological Birth Order Position: Oldest child in family with rather major problems (financial, marital conflict, absent father, mentally ill mother)—parentified child, with big responsibilities early, learned to be rather rigid about rules and roles as compensatory coping strategy. This strategy is getting in her way with Keesha.

Family Atmosphere: Adamantly does not want to parent as her parents did—harsh, absent, chaotic. Tries to maintain constant control over self in order to avoid replicating family-of-origin patterns—this leads to power struggles, which remind her of her family of origin, increasing her anxiety and rigidity. Is distressed over inconsistency between her and Leander, but unclear how to remedy situation.

Early Recollections: N/A

Crucial Cs:

Connect: 1 [✓ 2] 3 4 5 6 7 8 9 10
Not a particular strength—struggles with letting go of control enough to be spontaneous/have fun.

Capable: 1 2 3 4 5 6 7 8 9 [✓ 10]
Extreme strength—capable at everything she has done—except parent Keesha, which is creating huge dissonance.

Count: 1 2 [✓ 3] 4 5 6 7 8 9 10
Seems rather conditional—if she is competent, then she counts, but otherwise, doubts set in here.

Courage: 1 2 3 [✓ 4] 5 6 7 8 9 10
Is willing to take chances professionally, but less so with interpersonal relationships—unsure of whether she is willing to try new activities without guarantee of success.

Personality Priorities: Control and superiority, which serve her well professionally, but are getting in her way in the relationship with Keesha.

Lifestyle Convictions:
I am/I must be . . . in charge. *
. . . hard working.
. . . responsible, reliable.
. . . better than others.
. . . different than others.
Others are . . . not to be trusted. *
. . . going to try to control me. *
. . . unreliable. *
. . . not as competent as I am. *
. . . frequently out of control. *
. . . good, kind, generous (in the case of Leander).
My relationships with others must be . . . controlling. *
. . . guarded. *
. . . tentative, always looking for a slight. *
. . . showing them that they cannot control me. *
. . . manipulative. *

* those that are mistaken beliefs/faulty convictions

The world is/life is . . . chaotic and unpredictable. *
. . . not fair and not safe. *
. . . good/happy when things go the way I think they should go.
Based on these convictions/perceptions/beliefs/feelings, my behavior must be . . . designed to guarantee that things do not get out of control in any way. *
. . . rigid and rule-bound. *
. . . controlling. *

Private Logic: Seems to be overcompensating for the instability in her family of origin—is rigidly set on being in control in order to avoid being out of control—very all-or-nothing thinking.

ADLERIAN PLAY THERAPY LIFESTYLE CONCEPTUALIZATION—ABBREVIATED—LEANDER FOX

Assets: Intelligent, flexible, loving, knowledgeable, generous, wants to be a good parent, very open to learning new skills.

Functioning at Life Tasks: All are fine. Reported that would like to improve his relationship with "some kind of higher power." Would like more male friends, not connected to work. High satisfaction with marriage and with work.

Functioning in Role as Parent: 1 2 3 4 5 [✓ 6] 7 8 9 10
Seems somewhat concerned about Keesha's behavior—actually seems more concerned about relationship between Tracy and Keesha. Believes Keesha and Tracy are very similar. Recognizes that inconsistency as a parent is a problem but unsure how to remedy this. Somewhat concerned about biracial issues for Keesha, though noted that older children did not struggle with this issue.

Family Constellation/Psychological Birth Order Position: Oldest child in family with rather major problems (interpersonal, financial, marital problems, alcoholism, mental illness)—parentified child, with big responsibilities early. Compensated by becoming pleasing and somewhat comfort-oriented—always wanting to avoid conflict and potential for rejection. Tends to be overly flexible and accommodating, which sometimes causes difficulties.

Family Atmosphere: Stated that his father was either drunk or absent. His mother was "a saint, but she was gone a lot—she had a couple of different jobs in order to support the family." Because of this, he had little modeling of parenting strategies. Seems to be overcompensating a bit for his upbringing by trying to give everything to his children that they might want or need.

Early Recollections: N/A

Crucial Cs:
Connect: 1 2 3 4 5 6 7 8 9 10
Very strong—positive social skills; very friendly; very strong value for social interest.
Capable: 1 2 3 4 5 6 7 8 9 10
Very strong—highly successful at work, in marriage, still athletic and fit.
Count: 1 2 3 4 5 6 7 8 9 10
Conditional—feels a need to please others and worries if he doesn't that he won't be valued.
Courage: 1 2 3 4 5 6 7 8 9 10
A strength, except in the area of count,where he tries to make sure that he does not evoke negative reactions in order to be accepted. Avoids conflict at all costs.

Personality Priorities: Pleasing and slight comfort (see above).

Lifestyle Convictions: I am . . . kind and generous.
. . . hard working.
. . . responsible, reliable.
. . . unsure of myself and whether or not I will be accepted by others.*
I must be . . . pleasing to others so that they will accept me. *
. . . hypervigilant in order to avoid conflict. *
. . . able to act quickly to avoid discomfort. *
Others are . . . quick to get angry. *
. . . unsure about whether or not they like me. *
. . . unreliable and sometimes dangerous. *
. . . not as competent as I am. *
. . . frequently out of control. *
. . . good, kind, generous, lovable.
My relationships with others must be . . . pleasing and accommodating.*
. . . guarded. *
. . . tentative, always looking for potential rejection. *
. . . kind, considerate, helpful.
The world is/life is . . . unpredictable. *
. . . sometimes unfair. *
. . . sometimes dangerous. *
. . . good/happy/fun.
Based on these convictions/perceptions/beliefs/feelings, my behavior must be . . . designed to guarantee that I keep others happy with me. *
. . . accommodating so that others do not reject me. *
. . . generous, helpful, and considerate. *

* those that are mistaken beliefs/faulty convictions

Private Logic: Seems to be overcompensating for his doubts about whether he counts unconditionally—has set rather rigid rules about making sure that he avoids conflict and rejection—even though he has a cognitive understanding that he cannot always please others and that some conflict is necessary and sometimes appropriate.

TREATMENT PLANNING

The conceptualization of the clients sets the groundwork for the design of a treatment plan that outlines goals and intervention strategies for the third and fourth phases of Adlerian play therapy. The therapist can just develop a treatment plan for the play therapy process, detailing a general guide for working with the child. It may also be appropriate to make a plan for working with parents and teachers. Appendix J consists of forms for treatment planning for both children and adults.

Until several years ago, my planning for helping clients gain insight and reorienting/reeducating children and their parents was extremely informal. I began developing this treatment plan format in response to requests from other play therapists for a more structured way of planning interventions for Adlerian play therapy. This structure is simply a way of organizing the Adlerian information so that it can be helpful in determining a plan of action for working with children and their parents and should be customized to fit the needs of the therapist. Some play therapists work within settings that require many kinds of information not included in these forms or other formats for organizing their plan of action. When this is the case, they can integrate the Adlerian information into the treatment plan they are required to do.

Elements of the Adlerian Play Therapy Treatment Plan for the Child

The treatment plan for the child focuses on assets, life tasks, Crucial Cs, goals of misbehavior, mistaken beliefs, self-defeating behaviors, and skills. For each of these elements of the plan, the therapist determines (a) the focus of the intervention, (b) concrete goals for change on the part of the child, (c) play therapy strategies, and (d) the method(s) for measuring progress.

The specific goals for the treatment plan may be related to the presenting problem, specific objectives for the child's attitudes or behavior that have been suggested by parents and teachers, aspects of the child's life that he or she has expressed interest in changing, and changes assessed by the therapist as important for optimal well-being of the child. Some of these goals will have been discussed in the initial stages of the parent consultation (and teacher consultation). Some of them will have evolved during the information-gathering process of the second phase of counseling and during the evolution of the conceptualization and the treatment plan. The therapist should involve the child, parents, teachers, and other interested parties in generating the goals when appropriate.

When working to make changes suggested by the significant adults in the child's life, it is helpful to involve them in a reality-testing process designed to help them understand that play therapy is probably not going to eliminate all of the child's inappropriate or annoying behaviors and attitudes. I frequently ask the parents to give me a specific number of times (per hour, per day, per week, depending on what makes sense with the particular behavior) a behavior occurs or to rate their negative reaction to a specific behavior on a scale of 1 to 10. Then I tell them that we need to gauge how much improvement will be "enough." I ask them to specify how much reduction in the number of times the child does a certain behavior or the level of annoyance using the scaling would constitute sufficient improvement for them to be satisfied. This process helps us focus on what needs to change and how much it needs to be different.

Many of the goals in Adlerian play therapy are concrete and observable, especially those connected with behaviors and skills. Other goals are more abstract because they have to do with changing beliefs, attitudes, and perceptions.

In this chapter, I will not provide an in-depth description of the strategies for working toward the goals, as intervention techniques are thoroughly covered in chapters 4, 10, and 11. However, it is important to remember that helping children make changes in Adlerian play therapy and adults make changes through consultation is a multistep process. Adlerians believe that, before clients actually give up their old self-defeating patterns, they must understand that those patterns are not working. To help them do this, in the third phase of counseling, the therapist uses several different techniques to illuminate the clients' useless ways of thinking, feeling, and behaving by spitting in their soup, using humor, metacommunicating, and so forth. Finally, in the fourth phase, the counselor works to set up ways to teach clients new patterns of thinking, feeling, and behaving; helps them to practice these new patterns; and makes suggestions for ways for them to apply their newly developed constructive thoughts, emotions, and actions in relationships and situations outside the therapy setting.

Defining the methods for measuring progress will depend on the counselor's setting. I usually use observation of playroom behavior, self-report, and reports from teachers and parents. If the play therapist needs to use some more concrete objective measure to satisfy agency rules or funding sources, this is also perfectly acceptable.

Assets. In the treatment plan for the child, the play therapist makes a list of assets he or she believes will support the child's positive movement. The usual goal for this part of the plan is to increase the child's recognition of his or her assets and to encourage the child to capitalize on his or her assets. With assets that the child is currently using in self-defeating ways (e.g., Lucas is very musical, but his drumming in the classroom is driving his teacher insane), the goal will be to help the child make a shift to exhibiting the asset in positive, constructive ways.

With many children, it is necessary to start small in this area. For some children, it is huge progress for them to stop disputing every positive comment someone makes about them. For other children, the goal will be for them to "own" their positive attributes by acknowledging compliments or volunteering positive comments about themselves. As they feel more comfortable with their own assets, it will be important for children to constructively use their assets to make a contribution to the world in some way, so this might be the ultimate goal in this area. Some examples of goals for helping the child recognize and capitalize on assets:

- Frank will stop arguing with the therapist when she points out his ability to fix things in the playroom.
- David will graciously accept compliments from his teacher about his academic accomplishments.
- Lucrecia will increase the number of times she verbally acknowledges her musical talent (in a play therapy session, at home, in music lessons).
- Grant will agree to tutor a first grader in math.
- Jacqueline will try out for a play.

Functioning at life tasks. In this section, the therapist makes a judgment about whether the child is struggling in any of the life tasks. If there is a particular life task the child does not seem to be mastering, the therapist will probably want to consider what needs to happen in that area to help the child. The goals for changes in functioning at life tasks can be very general (e.g., learns skills for maintaining friendship) or very specific (e.g., does not hit or pinch his little sister).

Personality priorities. Because each of the priorities has assets, liabilities, and a price to be paid, it is helpful to explore all of the facets of the child's personality priority. Quite often, it is possible to help the child recognize and capitalize on the positive qualities inherent in his or her personality priority (e.g., pleasers are kind people who are thoughtful and helpful, comfort-oriented individuals are fun and spontaneous). It is also helpful to explore the downside of the priority, especially those aspects of the priority that cause interpersonal problems (e.g., superiority individuals tend to brag and put others down; controllers frequently refuse to take turns and cheat in games). The goals in this section involve helping children to learn how to take advantage of their advantages and to reduce the negative effects of their attitudes and behaviors.

Crucial Cs. If it is obvious that there is only one Crucial C in which the child is not grounded, then the therapist assesses whether the difficulty lies in limited belief in that area, a skill deficit, or both. Depending on which of these factors is contributing to the child's difficulty, the therapist plans ways to help the child enhance the belief, acquire more skills, or otherwise make shifts needed to make sure that the C gets incorporated into the child's lifestyle. With children who struggle with multiple deficits in the Crucial Cs, the therapist will probably want to do some kind of triage, looking for the Crucial C that, if enhanced, will make the biggest difference in the child's life. Some examples of goals for helping children make shifts in their Crucial Cs:

- Barb will tell one thing that she did to make a difference in her classroom. (Count)
- Leonard will use basic friendship skills to make a connection with one child in the neighborhood. (Connect)
- Maddy will try something in the playroom that she has never done before. (Courage)
- Kim will tell his father two things he did well that day. (Capable)

Goals of misbehavior. The ultimate goal in this area is to help children give up their misbehavior and learn to strive toward more positive goals (such as cooperation, making a contribution, and so forth). With some children, this actually happens, whereas other children do not completely give up misbehaving but can make shifts from a more destructive goal (like revenge) to a less destructive goal (such as attention). The first step in this process is helping them see what their goals of misbehavior are, followed by moving them toward insight that these goals are not serving their best interests. In some situations, the child is accomplishing exactly what he or she wants with misbehavior (e.g., Jennifer throws a tantrum in the grocery store and gets what she wants—power and a candy bar). When this is the case, the therapist must work with the adults in the child's life to change the adult reaction to the child's behavior and any other components of the child's ecosystem that supports the child's misbehavior. Examples of objectives for working to change goals of misbehavior:

- Jenny will raise her hand and wait for the teacher to call on her. (Attention)
- Jory will let his mother have 15 minutes of uninterrupted time on the phone. (Attention)
- Jack will say "yes" to three requests during the course of a week. (Control)
- Gerhard will take turns with the play therapist. (Control)
- Gretchen will play a game according to the rules written on the directions. (Control)
- Germaine will not hit anyone at school (4 out of 5 days of the week). (Revenge)
- Jetta will only say three disrespectful comments to her parents per day. (Revenge)
- Craig will tell his play therapist one good thing that happened during the week. (Proving inadequacy)
- Jahasanea will make eye contact and smile at her play therapist. (Proving inadequacy)

Mistaken beliefs/faulty convictions. The goal in this part of the therapy is to help clients see that their mistaken beliefs are self-defeating and destructive. As the therapist decides which of the client's convictions about self, others, and the world are getting in his or her way in coping with life's struggles, it is sometimes helpful to develop a hierarchy of beliefs—from the most self-defeating to the least, because it is usually impossible to eliminate all of a client's faulty convictions at once. Before I think about asking a client to give up old patterns of thinking, I always have several other positive beliefs about self, others, and the world that I want to suggest to replace the negative ones. I use encouragement techniques to introduce constructive statements about the client, other people in the client's family and school situations, relationships, life, and the world, hoping that he or she will begin to adopt these as lifestyle convictions. When working with clients on making changes in mistaken beliefs, it will often be necessary to explore their private logic and help them substitute common sense for the cognitive distortions and negative attributions inherent in private logic. Some examples of goals for substituting positive convictions for mistaken beliefs:

- Joseph will shift from the belief that he is not as important as other people to the belief that he is just as important as others.
- Quintana will shift from the belief that she must always please others to knowing that she will still be likable and lovable even when others are angry with her.

- Lex will shift from the belief that he must not allow himself to get close to other people because he will always get hurt in relationships to a conviction that there are some relationships in which he will be able to trust others.
- Jessie will substitute the idea that the world is a place in which both good things and bad things happen to people for the idea that the world is a place in which nothing good ever happens to anyone.

Self-defeating/useless behavior. In thinking about behaviors that need changing, the therapist considers both short-term, immediate and long-term needs of the child. Initially, it is essential to target behaviors that are getting the child in trouble, preventing positive interactions with others, and causing distress to others (e.g., picking fights on the playground, blatant disobedience of family rules). As these behaviors get under control, it may be useful to target other behaviors that are preventing the child from functioning optimally in the family and at school (e.g., ignoring overtures of friendship from other children, not doing chores). Rather than simply trying to eliminate negative behaviors, it is extremely important to help the child learn positive behaviors to take their place. Examples of goals for changing self-defeating behaviors:

- When Jason gets angry, he will count to 10 and take 10 deep breaths (rather than punching the person who has aggravated him).
- Linnea will use "I messages" to tell her classmates when their behavior upsets her (rather than calling them names and yelling at them).
- Vijaya will ask other children to play on the playground (rather than spending recess sitting in the corner of the playground).
- Abby will comply when her mother asks her do one of her chores (rather than simply ignoring her or being defiant).
- Dexter will say "May I please have that?" when he wants something that his sister has (rather than simply grabbing it).

Skills. There are many skills that children need in their lives—friendship skills, negotiation skills, problem-solving skills, and so forth. Part of the treatment planning process is assessing skills that would enhance the child's functioning and developing strategies for teaching them these skills. Depending on the requirements of the therapy setting, the therapist can break the skills down into their component parts or just make a general plan for skill training and practice. Examples of goals for skill development:

- Lynn will make eye contact and smile when she meets a new person.
- Jordan will demonstrate four friendship skills.
- LaDonna will be able to concretely state what she wants as the outcome of a negotiation.
- Phillippe will learn compromising skills.

Elements of the Adlerian Play Therapy Treatment Plan for Parents and Teachers

In developing a treatment plan for the adults in the child's life, the play therapist considers the adult's personality priority, assets, functioning at life tasks, lifestyle factors that might be interfering with the adult's ability to interact positively with the child, and parenting skills. Because the parent and teacher consultation process is always an adjunct to the work with the child, the treatment plan for these adults is frequently less detailed and specific than the treatment plan for the child.

Personality priority and Crucial Cs. In this section, the play therapist plans ways to custom design the interaction with the adult on the basis of the consultee's personality priorities and Crucial Cs. See chapter 4 for more specific details on how to do this.

Assets. An essential part of the consultation process is recognizing and acknowledging the assets of the parents and teachers. By pointing out the positive qualities of these adults (attitudes, personal characteristics, and behaviors connected to their interaction with the child and those unrelated to parenting or teaching), the therapist can plant seeds for further growth and strengthen the therapeutic alliance. As parents and teachers begin to feel better about themselves personally, they will be more likely become more self-confident and enjoy an increased sense of self-efficacy.

Functioning at life tasks. Some parents (and teachers) really struggle with balance in their lives. They may function well at work and experience major difficulties with their friendships, they may have a strong spiritual faith but a weak sense of self, and so forth. When this is the case, these adults often have difficulty coping with children who are experiencing difficulties. They just do not have the energy it takes to be fully present and supportive with others, including the children with whom they live (or work). When this is the case, the most helpful focus in consultation is working with them to achieve a better alignment in their functioning at the various life tasks. To make sure that the therapist is respectful to these adults, it is essential to do this with their full awareness and consent.

Lifestyle factors. Many times, elements of the adults' lifestyle (personality priorities; values; Crucial Cs; basic convictions about self, others, and the world; and private logic) will interfere with their ability to successfully function in their role as a parent (or teacher). If these issues are relatively minor, it is appropriate to work with the adults on making changes so that their lifestyles do not keep them from parenting (or teaching) as well as they can. However, if these issues are moderate to severe, the therapist might decide that the child and the adult will be better served by referring the adult for individual counseling of some kind.

Skills. There are many Adlerian skills that are appropriate for parents and teachers to learn (see chapter 4 for examples of these). The therapist will choose the skills most likely to enhance the adult's ability to successfully interact with the child and devise a plan for teaching those skills to the adult. At times, there are other skills that the adults will need—skills that are not specifically Adlerian but that would be helpful in the interactions between child and adult (e.g., learning to set concrete limits or classroom management skills). With some adults, it will be more effective to actually teach the skills and provide a way for them to practice the skills and get feedback. Others will learn more efficiently through participating in a class or reading a book. The therapist must design the treatment plan with the learning style of the adult in mind.

CASE EXAMPLE

I made a treatment plan for Keesha with some concrete goals in mind for my play sessions with her and for her interactions with other members of her family. Because I felt that her parents needed to work together to develop some consistent guidelines for responding to Keesha, I did not devise separate treatment plans for them. Instead, I wrote a treatment plan that integrated goals and strategies for both of them into a single plan—they had complementary styles and strengths and this made the most sense to me as I thought about their family. Because they frequently functioned in a parental role, I also included several goals and strategies for working with Dion and Othelia (Keesha's brother and sister). Because Adlerians believe that there is an internal consistency in an individual's personality, some of the goals and strategies overlap with one another—this is inevitable. On every element of the child treatment plan, I measured Keesha's progress by observation of Keesha in the play sessions, in the waiting room, and in family sessions; self-report by Keesha; and reports from parents, siblings, and school personnel. On every element of the parent consultation plan, I measured progress by self-report and observation.

ADLERIAN PLAY THERAPY TREATMENT PLAN—KEESHA FOX

***Assets* you want to encourage:** Creativity, engaging when she wants to be, insightful, wants to belong in positive ways.

Goals for change:

- Increase her ability to respond creatively in situations in which she is feeling stuck (instead of being tunnel-visioned about solutions)
- Increase the frequency with which she exhibits engaging behaviors
- Help her to recognize how insightful she is—about herself and about others
- Capitalize on her desire to belong in positive ways by enhancing her belief that she can belong in positive, rather than negative, ways

Strategies: Encouragement, metaphors (especially with figures and puppets), teaching adult members of her family to use encouragement, self-disclosure, brainstorming, discussions about problem situations experienced by her friends (and perhaps her own dilemmas).

Progress measured by: Observation of Keesha in the play sessions, in the waiting room, and in family sessions; self-report by Keesha; and reports from parents, siblings, and school personnel.

Functioning at *life tasks* that needs readjusting/balancing: Work to help enhance her functioning in the areas of friendship, love/family, and self. School and spiritual/existential seem OK.

Goals for change:

- Increase her self-efficacy about friendship
- Increase social skills, especially related to taking turns, following rules, sharing
- Increase her belief that she can gain significance in the family in positive ways
- Increase positive feelings about her worth and whether she can make a contribution
- Increase her comfort with being biracial
- Increase her comfort with her birth order position—especially clarify roles of siblings

Strategies: Encouragement; discussion about being different, fitting in, ways to gain significance in positive ways (these may be direct but will probably use metaphors—especially the gorilla family metaphor); art techniques and stories related to being biracial (especially check out bibliotherapy resources in this area); using alien puppet to explore being different; drawings of ideal family; drawings of what the family would be like if she was the oldest or an only child; doll family play; teaching social skills and negotiation skills; family session with siblings to clarify rules about their roles in discipline; arrange for Keesha to participate in a friendship group with school counselor.

Ways to optimize positive qualities and reduce negative aspects of *personality priorities*

Goals for change:

- Improve her ability to capitalize on the assets of her control priority
- Decrease the negative factors inherent in the priority of control

Strategies: Power sharing, playing cooperative games, inviting her to organize and structure activities.

***Crucial Cs* that need readjusting:** (1) Count, (2) Connect, (3) Capable

Goals for change:

- Increase her ability to connect with others by improving social skills
- Enhance her belief that she counts
- Increase her faith in her own abilities

Strategies: Encouragement; teaching other family members and teacher encouragement skills; metaphors (dolls, figures, puppets); homework of having her list for parents something she did well at/made a contribution every day; teach social skills and negotiation skills; arrange for Keesha to participate in a friendship group with school counselor.

***Goals of misbehavior* that need readjusting:** Move from power to making a contribution and cooperation.

Goals for change:

- Increase Keesha's ability to share power with others
- Increase her willingness to risk making a positive contribution
- Increase her willingness to cooperate with others—both at home and at school
- Increase her trust in others to not overpower her if she does not have all the power

Strategies: Sharing power with me in the playroom (sometimes I get to be the boss and sometimes she does—taking turns making the rules, deciding on activities, etc.); encouragement of positive contributions and cooperation; cooperative games; working together as a team to clean up toys in playroom; projects in which we must both cooperate to have successful completion (putting together puzzles in which we both have required pieces; building tower with paper and glue, etc.); encouragement; teaching other family members encouragement skills; adventure therapy trust activities (blindfolded walk, leaning, etc.); spitting in her soup; humor.

***Mistaken beliefs/faulty convictions* (self/others/the world/life) that need readjusting:** Change convictions about self/others/the world/life from negative self-concept, focused on differences being negative and needing to overpower others, to more positive outlook.

Goals for change:

- "I am not as good/smart/powerful/accomplished/important as others" to "I am as good/smart/powerful/accomplished/important as others."
- "I am bad" to "Sometimes I do inappropriate things."
- "I must be in control" to "It is nice to be in control, but I will be safe if I am not."
- "I must be willing to overpower others in order to get what I want" to "I can cooperate with others to get what I want."
- "I must be really nice to other people or they won't like me" to "It helps to get folks to want to be friends with me when I am nice to them."
- "Others are not to be trusted" to "Others can usually be trusted."
- "Others are more important/powerful/smarter/more accomplished than I am" to "Others are just as important/powerful/smart/accomplished as I am and that is OK."
- "Not going to accept me because I am different" to "Everyone is different in some way."
- "My relationships with others must be guarded/manipulative" to "My relationships with others can be cooperative."
- "The world is a place of uncertainty and confusion" to "The world is a safe place where I can count on my family and my friends."
- "The world is a place in which I do not have enough power" to "The world is a place in which there is plenty of power for everyone."
- "Life must be fair" to "It would be nice if life was fair, and sometimes it isn't."

Strategies: Spitting in her soup, encouragement, metaphors and storytelling, art techniques, mild disputing of mistaken beliefs and private logic (but avoid getting into power struggles with her), encourage parents and siblings to limit comparison between Keesha and others, model positive self-talk.

***Self-defeating/useless behavior* you want to change:** Reduce erratic behavior, temper tantrums, increase cooperative behavior

Goals for change: (needed immediately and needed long range):

- Decrease temper tantrums
- Decrease other controlling behaviors
- Increase willingness to cooperate with others

Strategies: Parent consultation stressing consistent discipline procedures, problem ownership, logical consequences, and other factors; power sharing; cooperative activities in play sessions (playing games with rules, taking turns, etc.); spitting in soup about goals of misbehavior; family doll play; family sessions in playroom; family sculpting; encouragement, metaphors.

***Skills* the child needs to learn:** Friendship skills, negotiation skills, power sharing skills.

Goals for change:

- Increase friendship skills
- Enhance negotiation skills
- Increase willingness and ability to share power with others

Strategies: Use dolls, figures, and puppets to teach skills; play cooperative games; bring in second child or use other family members to practice friendship skills, negotiation skills, power-sharing skills; arrange for Keesha to participate in a friendship group with school counselor.

ADLERIAN PLAY THERAPY TREATMENT PLAN—CONSULTATION WITH TRACY AND LEANDER FOX

Personality Priorities and Crucial Cs: Tracy's personality priorities are control and superiority; she is highly capable but struggles with connect (has a few issues with count and courage as well). Leander's personality priorities are pleasing and (mildly) comfort. He is not confident that he counts, being somewhat conditional in this area.

Strategies for consultation: With both parents, stress assets and do lots of encouraging. Both of them are feeling like failures as parents—because they are capable in other areas, this is demoralizing for them. Be sure to avoid challenging Tracy's need for control, but emphasize that when she tries to control Keesha she loses (teach her limited choice giving). Work with Tracy on her ability to positively connect with Keesha, but do not emphasize her lack of skill in this area because she would find that challenging. Work with Leander to strengthen his ability to say no—help him recognize when he is giving in to avoid conflict or rejection. Because Leander is more open to learning new skills, might work to use Tracy's

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competitiveness to spur her on despite her relative reluctance to admit she needs new skills.

***Assets* you want to encourage:**

Tracy—intelligent, loves family, willing to learn new skills
Leander—loving, knowledgeable, very open to learning new skills
BOTH have strong desire to be good parents

Goals for change:

- Enhance Tracy's willingness to learn new skills for parenting
- Decrease Leander's flexibility with children
- Increase Tracy's flexibility with children
- Reassure them about their ability to parent and capitalize on their desire to improve

Strategies: Encouragement; teach about personality priorities and Crucial Cs in regards to their own dynamics.

Progress measured by: Observation and self-report.

Functioning at *life tasks* that needs readjusting/balancing: Did not feel as though there were big adjustments needed in any of the life tasks.

***Lifestyle elements* that may interfere with parenting success:** Personality priorities, family-of-origin issues, lifestyle convictions, Crucial Cs, attitudes about biracial issue.

Goals for change:

- Tracy—increase willingness and ability to let go of some of her need for control
- Leander—decrease need for pleasing others
- Both—look at issues related to their beliefs about/attitudes toward parenting based on their roles in their families of origin
- Both—clarify thoughts and attitudes related to the issue of being biracial—seems to be an issue for Keesha, and she needs support in this area, but not overprotection

Strategies: Teaching about Crucial Cs and personality priorities, discussion about family-of-origin issues, discussion of values and beliefs related to parenting, discussion of biracial issue, work with Tracy on control issues, work with Leander on pleasing issues and assertiveness skills.

***Skills* needed:** Limited choice technique, reflecting feelings, encouraging, positive limit setting, logical consequences, problem ownership.

Goals for change:

- Increase skills in all areas
- Decrease inconsistent application of parenting skills
- Increase confidence and sense of self-efficacy in parenting skills

Strategies: Direct instruction, reading materials, practice in sessions with Keesha, family sessions, homework assignments for application of specific skills, encouragement, modified filial therapy to increase connection between Tracy and Keesha.

SUMMARY

The lifestyle conceptualization summarizes all of the information gathered during the second phase of the Adlerian play therapy and the parent (teacher) consultation. The therapist integrates the data about the child and the other members of the family into a format that crystallizes his or her understanding of intrapersonal and interpersonal dynamics. On the basis of this conceptualization, the therapist develops a treatment plan to guide the intervention stage of the therapeutic process with the child. Sometimes it is useful to develop conceptualizations and treatment plans for parents and teachers as well.

Chapter 10

HELPING THE CHILD GAIN INSIGHT

DURING THE THIRD phase of Adlerian play therapy, the counselor's goal is to help children better understand their assets; their Crucial Cs; the goals of their behavior; their personality priorities; their relationships; their basic convictions about themselves, others, and the world; and the behaviors they use to belong. As children gain insight into their lifestyles and a sense of clarity about how they use their behaviors to feel a sense of belonging and significance, they can reexamine their perceptions, attitudes, thoughts, feelings, and actions. In this reexamination process, children can decide whether they want to continue their lives just as they are or whether they want to make some changes. In conjunction with helping children to look more closely at their beliefs and their interactions with others, the counselor also works with parents to change any family dynamics or parenting strategies that might be supporting destructive behavior patterns. (See chapter 4 for suggestions about how to help parents with this.)

STRATEGIES FOR HELPING THE CHILD GAIN INSIGHT INTO LIFESTYLE

During this phase of therapy, the Adlerian play therapist continues to use play as the primary basis for the interaction. To help the child gain insight and by connecting what is happening in the play session to what happens in the rest of the child's life, the therapist makes interpretations in the form of tentative hypotheses and metacommunications about the various components of the child's lifestyle and helps the child generalize new ways of looking at the world. The therapist can also use metaphors, directed role playing, and art techniques to help the child reexamine experiences and attitudes. Immediacy, confrontation, and humor are all effective methods of helping a child gain insight.

Metacommunicating and Making Tentative Hypotheses

> Because each of us operates out of our own unexamined assumptions and convictions, no one of us knows the Truth about another, and can only guess how the self, others, and the world looks to him or her; therefore, it is Adlerian practice to offer suggestions in the form of questions or qualified statements when interpreting another's world. (Griffith & Powers, 1984, p. 51)

Many of the interpretations in Adlerian play therapy take the form of tentative hypotheses. The counselor makes guesses about the child's Crucial Cs; goals of misbehavior; personality priorities; private logic; and basic convictions about self, others, and the world. The fact that the counselor uses qualified statements in this process invites children to participate in discovering themselves. Because the hypotheses are delivered in a tentative manner, children feel free to give the counselor new information, correct erroneous assumptions that the counselor has made, and protect themselves against insights that are still too painful to examine. The interactive, egalitarian nature of this process helps to reduce children's defensiveness and encourages two-way communication and the deepening of insight for both parties.

The counselor often shares hypotheses about the connection between the child's basic convictions and his or her acting as if those convictions are true. This technique is sometimes called "spitting in the client's soup." When the counselor accurately spits in the client's soup, the client "may continue this behavior but it 'won't taste so sweet' any longer! The counselee is no longer innocent of its hidden meaning" (Sweeney, 1989, p. 262).

Depending on the child's reactions, the child's style of play, and the particular situation, the counselor decides to communicate directly or indirectly. With a child who reacts favorably to direct interpretations, the counselor makes guesses about the child's motivation and relationship patterns and talks about what the child's play and verbalizations might mean about the child. Examples of interpretation with direct tentative hypotheses and metacommunications:

- Riordan is kicking the punching bag and yelling, "I got you. You can't hurt me." I could say, "You seem to like being able to protect yourself. It looks like that is really important to you."

- MaryAnn is painting a picture and asks me what color to paint a flower. I might say, "Sometimes you ask me what to do. I guess maybe you think if you do things that I want that I will like you better."
- Orlando is talking about how his brother always comes into his room and takes his toys. I might say, "Seems like it is hard for you when you feel like you don't have any privacy. I'm thinking that you don't like it when he doesn't do what you want him to do."

With a child who is resistant to or defensive about direct interpretations or who always brings the play back to a metaphoric level, the counselor usually focuses on indirect interpretations, using the child's metaphor. This involves making tentative hypotheses and metacommunications about the actions and motivations of the toys—dolls, puppets, animals—or of characters in role-playing situations. Examples of interpretation with indirect tentative hypotheses and metacommunications:

- Harley is playing with the dolls in the dollhouse and has the littlest boy doll telling everyone else in the family what to do and getting angry because they are not doing it the way he wants them to do. I could say, "It seems like that little boy wants everybody to follow his directions and when they don't do it just right he gets kind of mad."
- In a role play, Violeta plays the mother and goes around making sure that everyone in the family has something to eat. The "mother" keeps complaining about needing to do stuff for other people. I could say, "Sounds like that mother might get tired of always taking care of everybody else. I think that maybe she wishes that she could just take care of herself and stop worrying about taking care of everybody else."
- Saul is playing in the kitchen area, making a cake, and "feeding" the counselor. I might say, "When people take care of others, sometimes they feel pretty special and loving."

Using Metaphoric Techniques

> Metaphor is a form of symbolic language that has been used for centuries as a method of teaching in many fields. The parables of the Old and New Testaments, the holy writing of the Kabbalah, the koans of Zen Buddhism, the allegories of literature, the images of poetry, and the fairy tales of storytellers—all make use of metaphor to convey an idea in an indirect yet paradoxically more meaningful way. (Mills & Crowley, 1986, p. 7)

In play therapy, the role plays, stories, puppet shows, and artwork children create are all metaphoric ways for them to communicate about what is going on in their lives and an indirect way to process thoughts, feelings, attitudes, and experiences (Brandell, 2000; Engel, 1999; Kottman, 2001, Kottman & Ashby, 2002; Mills & Crowley, 1986; Schaefer, 1993). The play therapist uses stories to (a) communicate messages to children; (b) teach them new ways of solving problems and interacting with others; (c) help them adjust their attitudes, perceptions, and outlooks; and (d) bypass their defensive reactions to more direct messages and teaching (Close, 1998; Kottman, 2001; Kottman & Ashby, 2002; Schaefer, 1993). The Adlerian play therapist can capitalize on the child's natural use of metaphors to help the child gain insight into her or his lifestyle. Four metaphoric techniques that lend themselves easily to play therapy application are (a) use of the child's own metaphor (Brooks, 1985; Kottman, 2001), (b) custom-designed therapeutic metaphors (Brandell, 2000; Brooks, 1981; Kottman, 2001; Kottman & Ashby, 2002; Lankton & Lankton, 1989; Mills & Crowley, 1986), (c) Creative Characters (Brooks, 1981), (d) mutual storytelling (Gardner, 1971, 1986; Kottman, 2001, in press), and (e) bibliotherapy (S. Jackson, 2001; Myers, 1998; Pardeck & Markward, 1995; Riordan, Mullis, & Nuchow, 1996). It is beyond the scope of this book to provide readers with a complete understanding of the use of metaphoric techniques. Those interested in this method of intervention should explore the books and articles referenced in this section and other resources available on this subject.

Using the child's metaphor. According to Brooks (1985),

> Metaphors arise in therapy not simply as indirect, less threatening ways of communicating emotionally charged information...metaphors also serve as potent conveyers of information through which the [patients reveal] questions, fears, hopes, struggles, and styles of coping that pertain to their lives, to their therapy, and to their therapist. (p. 765)

Because the play itself is the child's metaphoric way of communicating, whatever the child does in the play represents some part of the child's world or worldview. Examples of children's metaphors in the play:

- Yasmin's parents are getting a divorce. She comes into the playroom and ties a rope around the dollhouse. This might be a metaphor for how she sees her family situation and her perceived responsibility for keeping the family together.
- Grady's grandfather has died, but he is not allowed to talk about missing him at home because his parents are having a difficult time dealing with their own grief. He spends several

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sessions burying soldiers in the sand. This might be a metaphor expressing his sense of loss and the family's unwillingness to discuss the situation openly.

- Letticia has to have open heart surgery. Her mother has told her that the prognosis is very good, but both she and her mother are extremely nervous about the procedure. She repeatedly operates on the counselor and tells the counselor to die and then come back to life. This might represent Letticia's behavioral rehearsal of the impending event and her fears about what will happen to her.
- Vaclav has lived in a series of foster homes and is about to be moved to a different foster home. He seems afraid that this placement will not work any better than the other placements. He drives a car all around the playroom, stopping for brief periods of time in different places, and finally crashes the car into a wall. This metaphor might represent Vaclav's search for a permanent placement, the short stops he has made in the various foster homes, and his fear that his next placement will also end in a crash.

With most children, there are a multitude of such metaphors in every session of play therapy. If an issue is important to them, children usually repeat central metaphors in a series of sessions. The play therapist must watch for these symbolic representations of situations in the child's life and begin to formulate ideas about what the child's play communicates about his or her thoughts, feelings, attitudes, and relationships.

To use the child's metaphor, the counselor makes comments or guesses about the thoughts, feelings, actions, attitudes, and interactions of characters in the play instead of making comments or guesses about the thoughts, feelings, actions, attitudes, and relationships of the child. The counselor can use the child's metaphor in a variety of techniques, including reflection of feelings, encouragement, interpretation, and metacommunication. Examples of using the child's metaphor to communicate:

- In response to Yasmin's tying the house up, the play therapist might use the child's metaphor to make an interpretation and reflect a feeling, saying "Looks like you want to make sure that house doesn't come apart. I bet it's scary to the people who live there to think that the house might come apart."
- In response to Grady burying the soldiers, the play therapist could use the child's metaphor to reflect feelings by remarking, "Those soldiers are really covered up. Nobody can see

them. I'm guessing that the people who loved those soldiers are sad that they're getting buried."

- In response to Letticia's operating, the play therapist might use the Whisper Technique to extend the metaphor to explore how to respond to dying and then coming back to life. This could help Letticia use the metaphor to further gain insight into her thoughts and feelings. It could also give Letticia a chance to express her own fears in a safe way without acknowledging them.
- In response to Vaclav's car driving and crashing, the play therapist could use the metaphor to ask a question, metacommunicate about nonverbals, and reflect feelings by saying, "I wonder what the people in that car are thinking about now." (Pause to see if Vaclav will respond. If he does not, the therapist could continue.) "I bet they wish somebody would keep them safe and they wouldn't have to risk driving around anymore."

The play therapist must avoid "breaking" the metaphor—that is, avoid addressing the problem directly or commenting on the connection between the metaphor and what is happening in the child's life before the child is ready to deal with the issue directly (Kottman, 2001). Sometimes the therapist has a personal desire to know what the play means and chooses to "break" the metaphor. When the therapist does this, the child will often shut down or change the play.

I believe that it is essential to respect children's rights to decide whether they are more comfortable with direct or metaphoric communication. I have noticed that children let me know which of these modalities they prefer. Children who are willing to discuss issues more directly use first-person pronouns and examples from real life when talking about the issues. Children who would rather keep everything on a metaphoric level express their thoughts and feelings about sensitive issues in play situations and through art. They seldom use first-person pronouns or examples from real life when talking about sensitive issues.

Designing therapeutic metaphors for the child. According to Lankton and Lankton (1989),

> Metaphors in therapy constitute an indirect form of treatment. Like other forms of indirection, therapeutic metaphors do not engender the kind of resistance to considering new ideas that direct suggestions often can. They are experienced as a gentle and permissive, not a confrontive or demanding, way to consider change. At one level, a metaphor is "just a story" that doesn't require any response, but at another level, it stimulates thinking, experiencing, and ideas for problem resolution. (pp. 1–2)

In designing a therapeutic metaphor, the counselor develops a story that has some parallel to a situation in the child's life. Without pointing out the parallels, the counselor includes characters that represent selected people in the child's life and puts them into circumstances in which they experience problems that are similar to the problems the child is encountering. The characters express feelings that might echo the feelings of the child and other people who interact with the child. After some hardships, adventures, and attempts at solution, the characters usually solve the problem in a socially appropriate way. This process is designed to give the child some ideas about new perspectives to take on his or her problem or potential solutions to deal with his or her own struggle.

There is some preparation I make before I introduce any therapeutic metaphor (Kottman, 2001; Kottman & Ashby, 2002). The process of therapeutic storytelling works best in play therapy when I use toys as props, so I watch which toys children like to use when they play and which toys seem to be a little scary to them. I spend some time before I tell a story to children, listening to the kinds of stories they tell me and talking with them about books, movies, video games, and television shows they like. This gives me important information about what kinds of characters they like, what kinds of adventures appeal to them, and what kinds of emotional responses "hook" them. When I design my story with these factors in mind, it serves to increase their sense of involvement with the story, which can maximize the positive effects of the metaphor.

I also consider how defensive the child is about certain situations and relationships so that I can determine how closely my story can parallel the child's real-life experiences. If the story is too close to the child's situation, he or she may shut down because it is too threatening. However, if the story does not have enough points of connection, it will not be interesting to the child.

It is also important to consider the child's usual mode of communication to know how best to deliver the metaphor. If the child likes the puppets, doing a puppet show will probably be the optimal way to deliver the metaphor. If the child likes movement and dancing, a story that incorporates music and movement will often appeal to him or her. If the child likes to draw, making a book with the words already in it that he or she can illustrate will most likely be the best way to tell the story. The possibilities for the delivery system for the metaphor are endless, but they should be matched to the child's preferred format for play when possible.

Brooks (1981), Lankton and Lankton (1989), Mills and Crowley (1986), and Trottier and Seferlis (1990) outlined several procedures for designing therapeutic metaphors. I have taken their suggestions and combined them with my own experience and the experience of my students and supervisees to develop the following steps for devising therapeutic metaphors.

1. Before you begin to formulate your story, it is essential to decide what your goal in telling the story is. When you use stories in play therapy, you want to communicate or teach something to the child. During the third phase, you will be working to help the child gain insight into his or her lifestyle, so your goal in this phase should be related to helping the child conceptualize himself or herself, others, or the world somewhat differently. When you use metaphors during the fourth phase, your goal will usually be related to teaching the child new behaviors. The goal for your telling the story should be relatively simple and concrete (e.g., wanting Felicity to acknowledge that being able to fix things is an asset; helping Felipe see that he is much more likely to connect with others if he does not hit them; helping Abena recognize that she does not always have to control every interaction with her teacher). When you use a single story to try to work toward too many goals or when your goals are nebulous, your story will be diffuse and ineffective.

2. On the basis of your previous interactions with the child, decide (a) which toys you want to use in your story, (b) whether you believe that the child will be more responsive to a story about animals or people or mythical creatures, (c) whether you believe that the child will be more interested in an event based in reality or a fantasy/fairy tale situation, (d) how close you can get to the actual situation in the child's life, and (e) how you want to deliver the metaphor.

3. Decide when and where you want the story to take place. It is best to dislocate the story in time, using either the past or the future as the time element of the story. Dislocating the story in space, using some other town, country, or world, is also helpful. Even if the story takes place last week or next month, in the next town or next door, by dislocating it in time and space, you create an emotional distance that allows the child to listen to the story without automatically having to think about the possibility that it might be about him or her. This sets the stage to bypass the child's defenses. If the story happens sometime in the past or in the future, some place other than here, it obviously cannot be about his or her life.

4. Describe the scene very clearly. It should not be completely the same as the child's situation, but it can have several parallels. The scene can be a natural setting ("in the jungle..."), a mythical setting ("in a place where all the animals could talk..."), or a realistic setting ("in my old neighborhood when I was a kid...").

5. Describe the characters very clearly. Each character should have a name and physical and emotional traits as part of the introduction/

description of the characters. The characters must include (a) the protagonist (an animal or person who represents the child) and (b) the antagonist (an animal, person, or situation that is creating problems for the protagonist). It is also helpful to have a resource person (someone who can provide advice or help for the protagonist—this character might represent the counselor, a parent, or teacher) and an ally or two (an animal or person who can provide support for the protagonist). Depending on the child and her or his level of imagination and maturity, these characters can be realistic or fantastic. Generally, the older the child, the bigger the cast of characters can be. With children under the age of 5, I frequently have either a resource person or an ally, but not both. Sometimes, depending on the memory and verbal sophistication of the child, I leave these characters out, sticking to the good guy, the bad guy, and the plot.

6. Describe the problem encountered by the protagonist in concrete terms. This problem can be similar to the situation of the child, but the correlation should not be too obvious. The counselor should not point out the parallel. It must be entirely up to the child to determine if he or she wants to acknowledge the similarity. The problem can be related to a person and a relationship or to a situation that is causing the protagonist some kind of difficulty.

7. As the story proceeds, include different sensory information (visual, auditory, olfactory, kinesthetic, and tactile), so that the story becomes more "real" to the child. This will also help engage the child no matter what his or her primary information-processing modality is. Again, decide on how much detail to include on the basis of the developmental age of the child.

8. The protagonist should make progress toward overcoming the problem, but there should also be obstacles. The story needs to include a certain level of struggle so that the child feels that the protagonist has earned the final solution rather than simply having it happen. The resource person and the allies can help the protagonist when needed, but the protagonist should make the decisions and be responsible for the majority of the effort involved in overcoming obstacles and solving the problem. This conveys to the child that a person must be willing to work to bring about solutions to problems rather than having problems that just magically get solved.

9. Describe the resolution of the problem in concrete and clearly defined terms. The resolution does not have to completely eliminate the original situation, but it needs to demonstrate that the protagonist has made progress in learning to cope with the situation.

10. Remember your goal for the metaphor as you tell the metaphor—obstacles, the progress, and the resolution should all be related to the lesson you want to teach the child through the metaphor.

11. After the resolution, the characters should have some sort of celebration and affirmation of the changes in the protagonist. The focus of the celebration can be a party, with the allies and resource person congratulating the protagonist and the protagonist explaining to others what he or she has learned in the process of the adventure, or some other form of consolidation of the message of the metaphor. With younger children or older children who are very concrete, the resolution should blatantly state exactly what the protagonist has learned—how to see herself or himself and the situation differently; new attitudes toward herself or himself, others, and the world; new skills that will help her or him cope with similar situations in the future; or something similar to this. With children who are able to grasp more abstract lessons, the moral or learning does not have to be obviously stated, but it needs to be clearly illustrated in the story.

12. It is essential to watch the child's nonverbal reactions to the story as you tell it. Depending on the child's responses to the story (body language, eye movement and eye contact, activity and energy levels, verbal comments, and level of participation), you may decide to make shifts in the story. For instance, if the child is extremely excited about a particular character, you might expand that character's role. If the child is getting restless or bored, you might wrap the story up more quickly than you had intended. If the child expresses interest in a more active role in the storytelling, you can either take turns or invite the child to take over the telling.

13. Decide if and how you want to process the story with the child (Kottman & Ashby, 2002). With some children, they really just want you to tell them the story and then let it go. When I work with these children, I find that it is usually best to honor their wishes. If and when they want to talk about the story, they will bring it up. Other children like to talk about the story without acknowledging that it has anything to do with them. With these children, I ask them to talk about the feelings, behaviors, attitudes, decisions, consequences, relationships, and problem-solving strategies of the characters without mentioning that the story could be related to their situation. Other children actually bring up the fact that the story has similarities to their own situation. I consider this an invitation to overtly process the connection between their lives and the story, inviting them to discuss the underlying messages and any lessons that they could apply in their relationship or with any struggles they might be experiencing.

The following is an example of a therapeutic metaphor I designed for Ramsey, a 7-year-old boy who lived with his aunt and uncle. Ramsey's mother and father had been killed in a car crash when he was 4, and he had generalized the anxiety from this experience into a reason to avoid taking any kind of risks, refusing to leave his aunt or try any new experiences. To help him explore the possibility of being a bit more courageous, I used a cheetah puppet to represent Ramsey and several other animal puppets to represent myself and his aunt and uncle. I used the fierce wind to represent Ramsey's anxiety and the stress related to his lack of courage. This is the metaphor:

> One day a long time ago, Umi, a little cheetah cub whose name means Life, lived near a grove of banyan trees in the African plains with Jaha, a kindly lioness, and her husband, Badru. They lived next to a tree where a very smart vulture named Zahur lived. Umi lived with Jaha and Badru because his mother and father had disappeared when he was a very tiny cub. Umi always stayed very close to the trees because he was afraid that if he went very far from Jaha and Badru and the safety of the trees that he might disappear like his parents. He saw the other cheetah and lion cubs playing across a field, but he was too afraid to go over and play with them. He felt very lonely, but it was just too scary to think about leaving Jaha and Badru. Jaha and Badru were very concerned because they could not go and hunt together because one of them always needed to stay near the grove of trees with Umi so that he would feel safe. They were also worried because they knew that Umi would soon need to learn to hunt so that he could take care of himself, but he was so afraid that he was not learning to hunt. They did not know what to do to help Umi.
>
> One day, when Umi was sitting around feeling lonely and sorry for himself, a fierce wind blew by, and Umi got swept up the wind. Jaha and Badru came running out of the grove and shouted, "Umi, where are you going?" Umi cried out and waved at them, but he was holding on to a piece of wind and was afraid to let go.
>
> The wind tossed him up and tossed him down. He was feeling very scared and a little sad and lonely. He missed Jaha and Badru already, and he was afraid that he would never see them again—that he was just going to disappear like his parents. Then he looked toward the ground, and there were Jaha and Badru running behind the wind. He heard them shout, "We are with you, and we will not let you be blown away. Try letting go and fall down to us. We will catch you!" But Umi was too afraid to let go.
>
> As the tornado went spinning over the plain, Umi saw some other little cheetahs playing and practicing their hunting skills. They looked like they were having a good time. Umi wished that he could let go and go down to see what they were doing and join in their games, but he was too afraid to let go.
>
> Just then, the very smart vulture, Zahur, who was enjoying frolicking in the wind, noticed Umi riding along beside him. Zahur said to Umi, "Wow, isn't this fun? You look scared. Are you not having a good time?" Umi yelled, "No, I'm not!!! I don't like this at all, and I can't get out of here." Zahur shouted back, "Umi, can you scootch down to the end of the wind? I think you might be able to get away if you can do that." Umi replied, "No, I can't do that. I don't know how to scootch. " Zahur shouted, "It couldn't hurt to try. Just let go of the piece of wind you're holding onto and slide!" Umi was very scared of letting go of the piece of wind because he didn't know what was going to happen, but he was even more scared of not ever seeing Jaha and Badru again and being lonely. He

also thought that now would be a good time to get out of the wind so he could see what those cheetahs were playing. Umi closed his eyes, let go of the piece of wind, and scootched right down to the end of the piece of wind and popped out onto the ground right near the place in the plain where the little cheetahs were playing.

Up ran Jaha and Badru, who had been following the wind. They hugged Umi and told him how much they'd missed him and loved him. All the cheetah cubs roared and told him that popping off the tail of the wind was a very good trick. Umi thanked Zahur for his suggestion of letting go of the wind and scootching. He said, "You know, letting go of the wind was kind of scary, but falling wasn't nearly as scary as I thought it would be, and it was also kind of fun. Maybe I'll do that again sometime now that I know how to get out." Then he asked Jaha if it was OK if he ran over to play hunting with the other little cheetahs. Jaha smiled and nodded. Umi ran over to make some new friends and learn the ways of cheetahs in the hunt.

Creative Characters

Another storytelling technique that works very well with children age 8 years and older is Creative Characters (Brooks, 1981). In Creative Characters, the play therapist uses several different characters to take turns telling a story with the child. The play therapist can record (either audio or video) the presentation of the story so that the child can watch it later, either in session or at home. Here is my adaptation of the technique:

1. Decide on the setting and the characters for the story.
    A. The setting can be either real or imaginary, but it should have some elements that are similar to the child's life. The more detailed description the beginning of the story is, the better chance that the child will get into the story.
    B. In designing the cast of the story, include a character who represents (a) the child; (b) the play therapist or another resource person with whom the child can consult about problem situations; (c) at least one ally for the character who represents the child; and (d) a reporter who asks the other characters for information, reactions, feelings, attitudes, plans, and so forth at various intervals throughout the story. You can also have a character to represent a problem situation or an antagonist in the child's life or you can have the main character encounter a dilemma that represents a difficult situation in the child's life.
    C. With the child's help, pick a puppet, doll, stuffed animal, or some other toy to represent each of these characters and give the characters names.

   D. Explain that each of the characters can talk and that you will tell the first part of the story, then the child will tell the next part of the story, then you will tell the next part of the story, and so on. You can speak for all the characters at the beginning of the story, or you can assign certain characters to the child. However, it works best initially for you to speak for the reporter and the consultant, as the child may not understand how to interview the other characters or what kinds of advice a resource person would give to the other characters. Eventually, the child may also want to take over speaking for either the reporter or the consultant as well.

2. Tell the beginning of the story.
   A. Describe the setting and the characters in the story, emphasizing some of the physical characteristics of the toy or puppet that represents that character.
   B. In the beginning of the story, have the character representing the child face some kind of dilemma or problem. The dilemma can resemble the child's presenting problem or some other challenge facing the child. Be sure to make the connection relatively subtle and oblique, not emphasizing the parallels to the child's life.
   C. Have the main character work to solve the problem or change his or her relationship with the character or situation that represents the difficulty in the child's life, with the help of the ally character(s).
   D. The reporter interviews the other characters to find out how they are feeling and what they are thinking as the action of the story progresses.
   E. The wise consultant/resource person provides advice, different perspectives, and information to the other characters as the story progresses.
3. Let the child take over the telling until he or she wants to hand it back.
4. Take turns with the child, telling the story, being the various characters.
5. End the story with some socially appropriate resolution of the dilemma or challenge facing the protagonist and a celebration of the positive attitudes and behaviors demonstrated by the protagonist and his or her allies. Usually, the reporter makes some kind of a summary statement at the end, congratulating the various characters on their efforts and progress and underlining the lessons you want the child to learn from the story.

Mutual Storytelling

Mutual storytelling is a metaphoric counseling technique developed by Richard Gardner (1971, 1986) that is particularly suited to Adlerian play therapy (Kottman, in press; Kottman & Stiles, 1990; Stiles & Kottman, 1990). The basic strategy in mutual storytelling is for the counselor to ask the child to tell a story. Using the same characters, setting, and dilemma as the child's story, the counselor then retells the story with a different, more constructive middle and ending.

I have adapted the basic design of Gardner's technique to fit into the process of Adlerian play therapy. With younger children (up to about 7 or 8 years of age), I usually set the stage by asking the child to choose a set of puppets or animals, to pretend they can talk, and to tell a story with them. With older children (8 or 9 years and older), I often set the stage by telling the child that she or he is the guest of honor on a television or radio show (Gardner, 1986). I frequently make a videotape or audiotape of the child's story as if she or he is telling the story as a part of the show.

It is helpful to suggest that the child invent a story that has not happened in real life or been the plot of a television show, movie, video game, or book. This keeps the story in the "made-up" realm, which lets children process their experiences without evoking their defenses and encourages children to use their creative imaginations. One problem that I have encountered using this technique is that many children appear to prefer to have their fantasies created for them by others rather than create their own fantasies. I have had quite a few clients who reported that they could not think of an original plot. When this happens, I just let the child tell me the story of a book, movie, video game, or television show. I do this because I have observed that even if the children do not have confidence in their own imaginations, they often impose their versions of reality on the plot they use. Their choice of a particular story line and the way they tell the story reveal much about their lifestyles, and I can still use the story as a springboard for making suggestions for different interpretations of life situations or for possible solutions to problems.

The story needs to have a plot of some kind. The way I explain this to children is that the story needs characters and something needs to happen to those characters—they need to have some kind of problem to solve or adventure to experience. The story also needs a beginning, a middle, and an end (Gardner, 1971, 1986). Sometimes children have difficulty with plot development, but I am willing to prompt them when this happens. If they are telling a story and it suddenly peters out, I often ask questions about what happened next, what the characters said in that situation, how the characters felt about the experience, and so forth.

As the child tells the story, I listen carefully to determine how the story metaphorically represents what is happening in the child's life. The story often has elements that illustrate the child's intrapersonal dynamics, specific situations or problems that are bothering the child, the child's typical mode of solving problems, and the child's relationships with significant others. I put my understanding in the context of what I already know about the child's lifestyle and look for ways to use my retelling of the story to help the child gain insight into his or her lifestyle. In this process, I ask myself the following questions, some of which were adapted from Gardner (1986) and some of which are designed to organize my thinking about the lifestyle themes and patterns embedded in the child's story:

1. What is the overall affective tone of the story? What does the affective tone of the story tell me about the client's life?
2. How do the actions of the characters in the story fit with what I already know about the client and the important people in his or her life?
3. How do the situations or problems in the story resemble situations or problems encountered by the client in his or her life?
4. Which character (or characters) represents the client?
5. What are the (mis)behaviors of the character (or characters) who represents the client?
6. How do those (mis)behaviors fit with my conceptualization of the client's goals of misbehavior? For example, does the character get into power struggles or try to prove that he/she cannot be controlled by others as would a person whose goal is power?
7. How does the character who represents the client feel in the story? For example, has the character been hurt badly by others, and does he/she feel a need for revenge as would a person whose goal is revenge?
8. How do the other characters in the story feel/respond to the (mis)behaviors of the character who represents the client? For example, are the other characters annoyed by the client-character, which would indicate that the goal of misbehavior is attention, or are they angry, which would indicate that the goal is power?
9. How would I feel or react if I had a similar interaction with someone like the character who represents the client? How would most adults feel/react to the character's behavior?
10. If there is some kind of correction or consequences for negative behavior in the story, how does the character who represents the child react? For instance, does the character

just give up as a person whose goal is proving inadequacy would?

11. What does the story tell me about the client's Crucial Cs? How do the characters in the story connect with one another? Which of the characters are capable and in what ways? How do I know which characters feel that they count in the story? In what ways do characters manifest courage or lack of it?
12. What does the story tell me about the client's personality priority? What does it tell me about the personality priorities of the other people in the child's life? Which characters seek to be comfortable, to be in control, to please others, or to be superior to others? How do the characters go about doing this?
13. What does the story tell me about how the client views himself/herself?
14. What does the story tell me about the clients' views about and attitudes toward other people?
15. What does the story tell me about the client's usual approach to relationships?
16. What does the story tell me about the client's attitude toward life?
17. What does the story tell me about the client's usual approach to problem solving?
18. What does the story tell me about the client's level of social interest?

After listening to the child's story, the play therapist tells the child that he or she would like to tell another story about those same characters. This avoids the negative connotation of telling the child that the therapist wants to retell the story, which could easily imply that the original version was not good enough. The play therapist retells the story, using the same characters, same setting, and the same beginning as that of the child's story. The retelling should have a different middle and ending of the story, illustrating (a) more socially appropriate methods of problem solving; (b) more positive ways of viewing self, others, and life; (c) different ways of acting on personality priorities; (d) positive ways of building relationships and interacting with others; (e) strategies for feeling more connected, capable, significant, and courageous; (f) methods of gaining and manifesting courage; (g) alternative interpretations of personal issues that seem to be interfering with the child's ability to gain significance in appropriate ways; and (h) behaviors motivated more by striving toward cooperation and contribution than striving for attention, power, revenge, or proving inadequacy.

It is not necessary to retell the story immediately. Sometimes I wait until later in the session to retell the story, and sometimes I wait until a subsequent session. As I prepare to retell the story, I consider the following questions. I will not include elements related to all of these questions in the retelling. Instead, I will tailor the retelling to the needs of the specific client who told the original story.

1. What is my goal in telling the story? What do I want to teach the client with my narrative?
2. What positive characteristics/traits/skills do I want to encourage in my client through this story?
3. Which character(s) will I leave in? What will I try to accomplish with these characters? Do I want to add any character(s)? What traits will I incorporate in any added character(s)? Why would those character(s) be important with this client?
4. How can I emphasize the strengths of the client's personality priority? How can I make clear the disadvantages of or price paid by having this personality priority? How can I suggest ways to capitalize on the strengths of this personality priority and minimize the price paid?
5. Which of the Crucial Cs do I want to stress in the story? How can I illustrate strategies for connecting with others, becoming and feeling capable, gaining confidence in being significant, and having courage?
6. Am I going to incorporate some kind of consequences for (mis)behaviors in the story? What kind of consequence would be realistic, related, and respectful?
7. Am I going to incorporate some kind of positive consequences for positive behaviors in the story? What kind of consequence would illustrate the importance of positive behaviors?
8. How could I redirect any characters who are striving toward goals of misbehavior?
9. How can the characters model more positive attitudes toward solving problems in the story?
10. What method of conflict resolution or problem-solving strategy do I want to illustrate in the retelling? How can I resolve the conflict in an appropriate and realistic way in the retelling?
11. How can I incorporate more positive ways for the characters in the story to view themselves, the world, and others in the retelling? How can I incorporate more positive attitudes in the characters?

12. How can I illustrate more appropriate ways of building relationships and getting along with others in the retelling?
13. How can I illustrate alternative interpretations of personal issues that may be interfering with the child's ability to function?
14. What social skills or other skills do I want to illustrate?
15. What can I do in the story retelling to enhance the child's social interest?

The following is an example of mutual storytelling I co-created with Keesha. (Remember Keesha from the case study?) I asked her to tell me a story with a beginning, a middle, and an end. Keesha told me the following story:

> There once was an elephant who lived in the jungle. The elephant liked to eat the leaves at the top of some tall trees. One day, all the leaves in his neighborhood were gone, so he decided to go to a different area in the jungle to get some leaves. He walked and walked until he found just the right tree with the leaves that he liked to eat. The only problem was that there was a family of monkeys who lived in the tree, and they didn't want him to eat all the leaves from their tree. They told him to go away, but he wouldn't. He wrapped his trunk around the tree and shook it until the monkeys fell out. They were really mad, and they tried to get back up into the tree. The elephant kept shaking the tree, but they still tried to climb it. The monkeys decided that they might be willing to share the leaves, but the elephant didn't want to share. The elephant told the monkeys if they didn't get away from the tree that he would stomp on them. They gave him the tree and went away.

Listening to this story, I believed that the elephant represented Keesha and the monkeys represented the other members of her family and her classmates. The overall affective tone seemed to be kind of bleak to me: The elephant got what he wanted, but there was no joy or celebration involved in the process. The story seemed to illustrate Keesha's lifestyle, exemplified by her view that she must be powerful and in control, that others should do what she says, and that if they do not she just needs to escalate her threats and she will get what she wants. She seemed to feel that in order to count, she must overpower others. This was her usual manner of relating to others and of solving problems.

My goal for the retelling was to introduce the idea that Keesha did not have to overpower others to get her needs and wants met. I wanted to suggest more constructive ways of solving difficulties, including negotiation skills. I thought it would be really helpful to suggest that Keesha could be significant without being overwhelming, with the goal of increasing her social interest. This was my retelling:

> There once was an elephant who lived in the jungle. The elephant liked to eat the leaves at the top of some tall trees. One day, all the leaves in his neighborhood were gone, so he decided to go to a different area in the jungle to see if he could get some leaves because he was very hungry. He walked and walked until he was really tired and feeling a bit crabby. Finally, he found a tree with the leaves that he liked to eat. The only problem was that there was a family of monkeys who lived in the tree, and they didn't want him to eat all the leaves from their tree. They told him to go away, but he didn't want to go away. He was hungry and crabby, and he wanted to eat those leaves. The elephant told the monkeys, "I am going to shake your tree and make you fall out if you don't let me have the leaves." The monkeys said, "Hey, wait a minute. Maybe we can work something out. We don't mind sharing some leaves with you today, but we live in this tree, and we don't want to lose all our leaves." The elephant said, "But I am tired, and I don't want to walk any farther to find more leaves for myself." The monkeys told him, "We will share some of our leaves with you today, and you can sleep here tonight. Tomorrow we will help you find some more trees with this kind of leaves. We can jump from tree to tree to help you." The elephant said, "Why would you help me to find some leaves?" The monkeys said, "You seem like a friendly animal, just a little tired and grumpy today. We would like to help you and be your friends. " The elephant smiled. He hadn't had very many friends so far, but he would like to try to make some. Making friends with the monkeys seemed like it would be a good start.

With the retelling of a story, the counselor can help the child gain insight into his or her lifestyle and examine whether he or she wants to make any changes in the box in which she or he is living. The counselor can use bibliotherapy to do the same things.

Bibliotherapy

Another metaphoric intervention frequently used in Adlerian play therapy is bibliotherapy (S. Jackson, 2001; Myers, 1998; Pardeck & Markward, 1995; Riordan et al., 1996). Bibliotherapy is a strategy in which books are used as a vehicle for helping the child gain insight, consider a different perspective, or learn alternative ways of interacting with others (Muro & Kottman, 1995). Bibliotherapy can communicate information about problems, stimulate discussion about problems, provide solutions to problems, and create awareness that others have dealt with similar problems (Pardeck, 1994).

In play therapy, the counselor usually brings in a specific book designed to help the child gain insight or make behavioral or attitude changes. The counselor can read the book to the child, the child can read the book to himself or herself, or the counselor and the child can read the book together. They can discuss what happened in the book and how it relates to the child and the child's lifestyle and situation, or they can just go on with the session without discussing anything about the book.

With a child who prefers direct communication, it is usually appropriate to ask the child if he or she wants to talk about any thoughts, feelings, and reactions to the book and how it relates to his or her life situation. A child who would rather communicate indirectly through metaphor may not wish to discuss how the book relates to his or her life. This should not prevent the counselor from using bibliotherapy with such a child. Many times, the child will learn things from the book without any verbal processing or will learn things from reading and discussing what happened in the book without actually mentioning any real-life situations.

In choosing a specific bibliotherapy book for a child, it is essential to consider the following factors (Hynes & Hynes-Berry, 1986; S. Jackson, 2001; Shrank, 1982):

1. The book must relate to the unique situation and issues of that child in some way, even if obliquely.
2. The book should be suitable for the child's developmental level and vocabulary. In deciding who should read the book, the counselor must also be aware of the child's reading ability.
3. The book must be well written, exciting, and involving. The perfect book involves all of the child's senses, evokes both emotional and cognitive responses, and engages the child's imagination.

To find appropriate books, the counselor can consult a children's librarian or obtain a copy of *The Bookfinder: When Kids Need Books* (published by American Guidance Service, Circle Pines, MN 55014-1796) or some other annotated guide to children's literature. Guides such as these are usually organized by topic and contain plot summaries as well as reading and developmental levels.

Directing Role Plays

During the third phase of Adlerian play therapy, the counselor can use directed role play to help children get insight into their patterns of thoughts, feelings, and behaviors and to begin to consider new ways of thinking, feeling, and behaving. This is especially effective with children who are stuck in a particular negative fantasy or who are replaying a traumatic event. These children repeatedly play through a scene with a discouraging ending—session after session, without ever changing the progression or the outcome of the drama.

In situations in which the counselor believes this repetition is allowing for catharsis or abreaction, it is appropriate to use the Whisper Technique to let children control the course of the role play until they decide they are ready to change it. Other times, the counselor's clinical judgment suggests that children are perseverating on the negative outcome because they do not know how to change the scenario (Kottman, 2001). These children may not have enough data to generate other possibilities or enough insight to be able to see alternative paths for resolution. After six to eight repetitions, with these children, I try to change the course of the role play by adding a different character or taking the narrative in another direction without using the Whisper Technique to get instructions from the child. In situations like these, I do not want the child to be in charge of the direction of the play because he or she does not seem to be able to use the play in a therapeutic way.

In some cases, children may be exhibiting posttraumatic play (Terr, 1983, 1990). In posttraumatic play, children seem to be almost retraumatizing themselves with the play, which is neither cathartic nor therapeutic. If the counselor suspects this is the case and is feeling unsure about what to do, it is helpful to reexamine the course of the therapy, consult with colleagues about the best course of action with this child, or seek supervision. With these children, I often choose to avoid the Whisper Technique.

One possible intervention strategy with these children is to suggest that the play or role play go in a different direction (Kottman, 2001; Marvasti, 1993). When I decide to change the course of the role play, I usually use the character voice rather than the whisper voice or my regular voice. This way, I can keep the suggestions and redirections I want to make framed in the metaphor of the child's role play. I may also use a Whisper Technique but modify the language I use, depending on what I think the child needs.

The following is an example of a role play with a child who needs help to get out of a stuck position. Larry had been sexually abused by a babysitter. He had acted out this same scenario, with practically no variations, for 10 sessions in a row. I believed that Larry was stuck, and even though we had discussed good touch and bad touch and how to protect himself, he continued to feel helpless and unable to protect himself from a personal violation in any way. Initially, I let Larry control the scenario without my influencing the course of the role play. It always proceeded something like this:

> Larry (in a loud, deep voice): "I am the bad monster, and I am going to come into your room and do bad things to you."
> Terry (whisper voice): "What do you want me to do?"
> Larry: "You say, 'I'm scared and I can't keep him out of my room. He's going to hurt me, and I can't stop him.'"
> Terry (character voice): "I'm scared, and I can't keep him away from me. He's going to hurt me, and I can't stop him." (regular

voice): "Sounds like this is a scary monster, and I can't stop him from doing what he wants to do to me." (whisper voice): "What should I do now?"

Larry: "You look scared and hide under the covers." (in his character voice): "You know you can't hide from me. I will find you no matter where you go. I can hurt you any time I want to, and you can't stop me."

Terry (hiding; whisper voice): "What should I do now?"

Larry: "Say, 'No, no, no, no!!! Go away and leave me alone.'"

Terry (character voice): "No, no, no, no!!! Go away and leave me alone!" (regular voice): "Sounds like I'm really scared of this monster and wish I could make him stop hurting me. I feel like I just can't though. I can't get him to leave me alone."

Sometimes Larry played the frightened child, and sometimes he played the monster. The basic sequence stayed the same, with the child having no power and the monster having all the power.

After the 10th repetition, I decided to try to help Larry gain insight by changing some of the representations of the child as helpless and model some appropriate boundary setting and ways of handling boundary violations. I still used the Whisper Technique, but when I was the child in the role play, I changed some of my comments to more empowered language, and I made some suggestions of alternative solutions to the problem.

Larry: "I am the bad monster, and I am going to come and do some mean things to you."

Terry (regular voice): "That monster says he's going to do some mean things to me." (whisper voice): "What should I do?"

Larry: "You say, 'I'm really scared of that bad monster. He can do whatever he wants to me, and I can't stop him."

Terry (character voice): "I'm really scared of that bad monster. He thinks he can do whatever he wants to me, and he believes that I can't stop him. I wonder what he would do if I locked the door to my room and didn't let him set foot in this room." (whisper voice): "What should I do now?"

Larry: "You look scared and hide under the covers." (In his character voice): "You can't hide from me. I can always get you. So what if you lock the door? I will just break the lock."

Terry (character voice): "You think you can break the lock, but if you do, I can tell my mom."

Larry: "You can't tell your mom. If you do, I will just tell her that you broke the lock yourself. Then you will really be in trouble."

Terry (whisper voice): "What shall I do now?"

Larry: "Tell the monster that my mom won't believe him. She knows I never lie."

Terry (character voice): "Ha!! My mom won't believe you. She knows that I never lie. She will believe me, and you won't ever be able to come to my house again."

I did two basic things in my altered version of this role play. I used language to reframe the situation, and I suggested some alternative ways of handling the situation. I changed the child's words slightly, from "He can do whatever he wants to me, and I can't stop him" to "He thinks he can do whatever he wants to me, and he believes that I can't stop him." This small change in the language took some of the monster's power away from him and gave that power to the child. By introducing the idea that the child might be able to gain some control over the interaction by locking the door and talking to his mother, I attempted to communicate to the child that there are other ways of perceiving and reacting to the situation, that there are ways for him to gain more power in this interaction and perhaps other interactions. This was not a permanent solution to the child's difficulties, but it helped the child gain some insight and gradually ease past the stuck place represented by his perseveration on the role play.

Using Art Techniques

The Adlerian play therapist can expand the art techniques used in the exploration phase to help the child gain insight into her or his lifestyle. Extending kinetic art experiences, creating cartoon helpers (Crowley & Mills, 1989), drawing body outlines (Muro & Kottman, 1995; Steinhardt, 1985), and using symbolic representations of the child and significant people in the child's life (Oaklander, 1978/1992; Segel, 1991) are some art techniques the therapist can use in this stage of therapy or in any of the other three stages. If the play therapist is comfortable with art interventions, he or she will want to explore other resources for creative possibilities to include in the play therapy process.

Extending kinetic art activities. By bringing kinetic family drawings and kinetic school drawings from the second phase into later sessions, the play therapist can use them to help children reevaluate their perceptions of themselves, others, and the world. The therapist can also ask children to draw different pictures with the family or school theme. Children can draw pictures of the ideal family or ideal class, visualizing changes that they would like to have happen. They can draw pictures of different people in their lives and how they would like to change their relationships with them. They can pretend that they have a magic wand that could make all the problems of the family go away and draw a picture of what the family would look like if this happened. In all of these activities, the emphasis would be on the relationships between the various people in the lives of the children.

It is important to remember that this strategy can be tailored to the individual child and his or her art talents and preferences. If a child feels more comfortable painting or using clay, stickers, pipe cleaners, collage, dance, music, or any other form of artistic expression to represent what is happening in his or her life, the therapist should use that medium for encouraging insight. By responding creatively to the child, the therapist can design nonverbal techniques that will encourage self-expression and psychological awareness.

Creating cartoon helpers. In cartoon interventions, children create cartoon helpers who can help them with their problems. The counselor can use the cartoon helpers as a vehicle for making suggestions for new ways to look at self, others, and the world. The children can use the cartoon helpers as a vehicle for finding their own inner strengths and resources for coping with difficulties. Drawing cartoon helpers can provide ways for children to express and cope with fears and anxieties and ways for exploring alternative methods of solving problem situations and relationships. Older children (age 8 and above) seem really to like these strategies.

One example of this type of intervention involves three steps (Crowley & Mills, 1989). The counselor asks the child to

1. draw a fear, worry, or hurtful situation;
2. draw a cartoon helper who can help deal with the problem; and
3. draw how the fear, worry, or hurtful situation will look when it is resolved.

In this strategy, the child generates the solution to the problem. The cartoon helper serves as a metaphoric bridge from the problem to the solution.

Another example of a cartoon intervention would involve the child drawing a problem situation. The counselor would make several different copies of the cartoon and then invite the child to develop multiple different cartoon helpers with different strengths to help solve the problem situation. This encourages the child to consider the possibility that there can be multiple solutions to any problem.

A third example of using cartoon helpers would be for the counselor to draw a cartoon hero who had some positive things to say to the child that the child seems to be reluctant to hear from the counselor. The counselor could use the cartoon hero as an indirect vehicle for pointing out strengths and assets.

Drawing body outlines. Another art activity that can help children gain insight into their lifestyle involves the child lying on the floor on a large sheet of paper while the counselor traces around his or her body. The counselor can use these body outlines in a number of different ways. Steinhardt (1985) described a procedure for using body outlines in therapy with children in which the counselor engages the child in dialogue about the identity of the figure. After the child has identified the figure, he or she fills in the details of the drawing. Steinhardt suggested that the child frequently makes the outline a self-portrait. By asking questions and making guesses about the child, his or her perceptions of self, and his or her relationships with others, the counselor can use this drawing in the process of helping the child gain insight into his or her lifestyle. If the child chooses to make the outline a portrait of someone else, the counselor can use the identity of the drawing and the completion of the portrait to further explore the child's perceptions of others and the world.

I have found this technique to be useful with children who need to change the strength of their personal boundaries (Muro & Kottman, 1995). With children who have weak personal boundaries (quite frequently children who have overprotective and suppressive families or who have experienced sexual or physical abuse), I draw the outline very faintly. I use the body outline drawings to help them become aware of times when their boundaries are inappropriately weak. With children who have impermeable boundaries (usually children who have rejective families or who have been significantly hurt by others and seek to protect themselves), I draw the outline with heavily reinforced lines. I use the drawings to help these children consider the possibility of opening their boundaries to let others approach them in friendship and support.

Adopted children or children in foster care can also benefit from this intervention strategy (Muro & Kottman, 1995). I use the body outline to help these children differentiate the physical, mental, and emotional traits that come from their biological and environmental influences.

Using symbolic representations. There are many other ways to use symbolic representations of the situations and relationships in children's lives so that they can begin to make shifts in their attitudes, perceptions, thoughts, feelings, and behaviors. For instance, Oaklander (1978/1992) described a strategy called "The Rosebush" in which children draw rosebushes (which usually stand for themselves and their life situations). After they have finished making the drawing, the counselor engages the rosebush in a metaphoric dialogue about its life and times. Children also can draw all of the members of their families symbolically—designing a special symbol for each person in the family

(Oaklander, 1978/1992). The counselor can use this information to help children understand their thoughts, feelings, and reactions to the other members of their families. It is also appropriate to use this technique to help children who are struggling in school to express their impressions of their teachers and classmates.

Another method of providing children with a way to gain insight through symbolic representations of themselves and their families uses animal photographs selected from magazines (Segel, 1991). Animal phototherapy interventions can be used with individual clients, with groups, and in family sessions. In the original version of this activity (Segel, 1991), the counselor gives the client a selection of photographs gathered from magazines depicting a variety of animals. In the assortment of photographs, the counselor includes many different "types" of animals—wild, domestic, aggressive, "sweet," and so on. The client chooses an animal that has some kind of appeal for him or her, and the counselor asks the client to describe the animal. The counselor then asks the client to respond to the following questions:

1. What drew you to pick this animal? (With younger children, I ask some form of the question, "What do you like about this animal?")
2. What positive qualities do you share with this animal? (With younger children, I ask, "What are some of the ways you do things like this animal?" or "How are you like this animal?" or "How do you act like this animal?")
3. What positive qualities does this animal have that you wish you shared, but don't? (With younger children, I ask, "What are the things this animal does that you wish you did too but you don't?")
4. How would your life be different if you did have those positive qualities? (With younger children, "How would you be happier if you did those things?")
5. What keeps you from having those positive qualities? (With younger children, "How come you don't do those things?")
6. What changes are you willing to make in your life to acquire those positive qualities? (With younger children, "What are you going to do differently so you can be more like that animal that you like?")

I have adapted the original activity to give children two different ways to explore the dynamics in their family (or class). In the first version, I give clients a selection of photographs gathered from magazines depicting groups of animals; some of the photographs are of obvious families, some of them contain a gathering of animals from the same species, and others contain a gathering of animals from a variety of species. I ask the client to choose "a family" or "a class," depending on whether I want to explore issues related to home or school. After the client makes a choice, I ask for a description of the gathering. Then I ask the following questions, using the metaphor of the photograph as a way of allowing to the child to explore these issues indirectly:

1. What are the strengths and weaknesses of this family (class)?
2. What does this family (class) do well? What does this family (class) do poorly?
3. What would the members of this family (class) like to change about the family (class)?
4. What is the main difficulty encountering this family (class)?
5. How would the lives of the family (class) members be different if this difficulty was eliminated?
6. How do you think the family (class) could go about eliminating this difficulty?

With some children, I may move to less metaphorical questions:

1. How does this family (class) resemble your own family (class)?
2. What strengths does your family (class) share with this family (class)?
3. What weaknesses does your family (class) share with this family (class)?
4. What would you like to change about your family (class)?
5. What is the main difficulty in your family (class)? How does it resemble the difficulty of the family (class) in the picture?
6. How would the lives of the members of your family (class) be different if this difficulty was eliminated or reduced?
7. How would the lives of the members of your family (class) be the same if this difficulty was eliminated or reduced?
8. What part do you play in creating or maintaining this difficulty?
9. What are you willing to do differently to help eliminate or reduce this difficulty?
10. What do you think other members of your family (class) need to do differently to eliminate or reduce this difficulty?
11. How can you go about communicating with other members of your family (class) about this?

In a second adaptation of the animal photograph activity, I give the client a selection of photographs gathered from magazines depicting individual animals. I ask the client to choose an animal to represent himself or herself and an animal to represent each of the members of his or her family and arrange them on a large piece of poster board. I then ask the client to describe (a) each animal, including assets and liabilities; (b) how the family member resembles the animal, stressing assets and liabilities; and (c) how each of these animals relates to the animal that represents the client. After we have established these relationships, I often ask the child to have the animals "talk" to one another, move them around on the paper, and see how the animals react. I may also ask other questions or metacommunicate in an effort to help the client gain new perspectives on the relationships in the family and how he or she interacts with others. This is a fascinating exercise to do with multiple family members because it can help them gain insight into how they are perceived by one another.

Immediacy, Confrontation, and Humor

Immediacy, confrontation, and humor are all action-oriented techniques that the Adlerian play therapist can use to help the child better understand her or his lifestyle. They can lead to new ways of looking at self, others, and the world and to changes in behavior.

Immediacy. When using immediacy as a counseling technique, the counselor metacommunicates or asks a question about what is happening in the here-and-now of the relationship with the client. Immediacy can involve communicating about a reaction on the part of the counselor or about a nonverbal response on the part of the client. The purpose of immediacy is to use what happens in the safe counseling relationship to help the client become more aware of his or her own reactions and of how other people respond to him or her.

With children, the counselor must use immediacy with caution. The counselor needs to be very careful not to sound accusing when using immediacy because adults often ask children questions about what is happening with them in an accusing way and children often assume that the counselor is doing the same thing. The counselor's words, tone of voice, and nonverbal communication must always be nurturing and supportive when using immediacy in play therapy.

The counselor must also consider the developmental level of the child before using immediacy. Younger children (up to 7 or 8 years old) will have very little awareness of their own reactions and frequently cannot recognize them even when the counselor comments on them. Older children may be not be aware of their own reactions, but they are frequently able to respond to questions or comments if the counselor uses immediacy with them.

Examples of immediacy:

- "I noticed that you looked kind of scared when I moved my chair closer to you. What was going on with you at that moment?"
- "I feel like you're kind of mad at me right now."
- "We both had a really good time playing catch with each other."
- "When you yell at me, I feel kind of scared, and I wish that you would ask for what you want without yelling."

Confrontation. Confrontation as a counseling tool involves pointing out discrepancies in the client's communication. These discrepancies can occur between (a) the client's verbal and nonverbal communication, (b) what the client is saying and what the client is doing, (c) what the client is reporting in the present session and what the client reported in past sessions, or (d) what the client is reporting and what the counselor has observed. In play therapy, the counselor can also mention discrepancies between what the child is reporting and what parents or the teacher reports or between the message contained in the child's play in the current session and the message of the play in previous sessions.

The purpose of confrontation is to help the child become more aware of inconsistencies in his or her thinking, feeling, and behaving. Many times, the discrepancies in the child's interactions result from private logic and mistaken convictions that would not necessarily make sense to others. By pointing them out, the counselor can help the child gain an understanding of the misperceptions or distortions in his or her assumptions.

With children, I use confrontation very sparingly and gently. It is not my job to catch the child in discrepancies, but when they occur I sometimes choose to use confrontation to highlight them so that the child can begin to catch herself or himself in mistaken convictions and perceptions. I try to do this in a nonthreatening way, with a gentle, questioning tone of voice and supportive demeanor. Just as with immediacy, it is essential that I avoid sounding accusing to the child, so I confine my confrontations to a mention of the facts and just the facts.

Examples of confrontation:

- "I've noticed that you say you're not scared of that spider, but when you picked it up you looked like you were kind of scared."
- "You said that you weren't getting in fights with your brother anymore, but last week while I was talking to your mom you two got into a fight in the waiting room."

- "When we were talking last time, you said that you got all As on your report card. When I talked to Mr. Hayes, he said that you had one A and the rest Cs."

Humor. Adler (1927/1954) believed that the counselor should demonstrate "a jovial attitude…blessed with cheerfulness and good humor" (p. 201). When working with children, having a sense of humor, fun, and playfulness is essential (Schaefer & Greenberg, 1997). In play therapy, the counselor must enter into the playful spirit with the child. By using humor in metacommunication, immediacy, and confrontations, the counselor can help the child see herself or himself more clearly. Encouraging the child and his or her parents to apply humor to problematic situations helps them gain perspective and consider alternative ways of thinking about and reacting to experiences and interactions.

Making Connections Between the Play Session and the Real World

By making connections between the child's thoughts, feelings, reactions, and behaviors in the play session and the child's thoughts, feelings, reactions, and behaviors outside the play session, the Adlerian play therapist can help the child generalize insights gained in the third phase of counseling. The therapist points out (a) instances in which the child is acting as if his or her private logic and basic convictions are true in situations in the playroom and in other relationships and situations outside the playroom; (b) inappropriate strategies for problem solving in the playroom that could be getting in the child's way outside the playroom; and (c) times in which the child is demonstrating changes in attitudes or behaviors that could be generalized to other situations in the child's life. Any time the therapist notices thought patterns, attitudes, or behavior that occur in the playroom that could be helpfully transferred to other situations and relationships in the child's life, he or she must communicate about this to the child, with suggestions for application in "the real world." Examples of making connections between the play session and the real world:

- When Hijiri orders the counselor around during the session, the counselor might say, "It seems like you really like being the boss in here. I'm guessing that you also like to be the boss at home."
- With Hillary, whose presenting problem is anxiety and an inability to develop relationships with others, the counselor could say, "I've noticed that you and I have gotten to be

friends with one another. I wonder what would happen if you decided you wanted to make friends with someone in your class in school."

- To Lorenzo, a maladaptive perfectionist, when he makes a mistake painting a picture but decides not to destroy the picture, the counselor might say, "So you decided it was a mistake to have a blue sun instead of a yellow sun like you wanted, but you are going to leave it that way anyway. I'm thinking that it would be really cool if you decided it would be OK for you to make a mistake on a math paper or spelling test too."

This connection process can help make the transition into the fourth stage of Adlerian play therapy: reorientation and reeducation. As children begin to understand the connection between how they think, feel, and act in the playroom and how they think, feel, and act in the real world, the counselor can help them examine their behavior and begin to transform insight into action.

CASE EXAMPLE

The case example in this section is a continuation of the case example from chapters 5, 8, and 9. It is designed to illustrate how the play therapist can use the tactics outlined in this chapter to help children gain insight into their lifestyles and decide if they want to make any changes in their perceptions of and attitudes toward self, others, and the world and in their behavior.

My overall goal in the third phase of the Adlerian play therapy process with Keesha was to help her gain an understanding of how she saw herself, others, and the world and how she acted on the basis of these perceptions. Specifically, I wanted to help Keesha:

1. Make shifts in her attitudes about the life tasks of friendship, love/family, and self.
2. Learn to catch herself when she acted as if she needed to overpower others or as if she was insignificant, inadequate, or incapable.
3. See herself in more positive way—without the negative box in which she had been living—to be able to recognize and capitalize on her assets.
4. Incorporate positive attitudes into her lifestyle about her ability to connect, be capable, and be significant.
5. Recognize that her striving toward the goal of power was not getting her what she wanted, nor was it serving her best interests.

6. See herself as unique, special, and wonderful rather than alien or bad.
7. Have an experience in which she was able to trust another person and not feel the need to overpower or please.
8. Explore the possibility of interacting with others in cooperative ways rather than feeling the need to be guarded or manipulative.
9. Feel more comfortable with being biracial.
10. Contemplate the possibility that the world is a safe place rather than a place of uncertainty and confusion.

To increase Keesha's insight into her interpersonal and intrapersonal dynamics in Sessions 8 through 17, I used encouragement, returning responsibility to the child, power sharing, limit setting, tentative hypotheses, metacommunication, spitting in her soup, role playing, her metaphors, mutual storytelling, bibliotherapy, art techniques, immediacy, and humor. I worked with Keesha's parents (especially her mother because she seemed to have the greatest difficulty in her interactions with Keesha) and with her siblings, to help them change their attitudes toward Keesha and their patterns of interacting with her. As a way of moving from the third phase of therapy to the reorientation/reeducation phase, I pointed out parallels between Keesha's attitudes and behaviors in the playroom and her attitude and behaviors in the real world to help her generalize changes she was making in our sessions.

Keesha needed a great deal of encouragement. Although she was not so discouraged that she had become depressed or begun to strive to prove that she was inadequate, she had incorporated many negative beliefs about herself and her ability to belong in positive ways into her lifestyle. To counterbalance these convictions, I stressed her assets, returned responsibility to her when she was demanding that I make decisions for her in the playroom, and pointed out progress and efforts. I began to reframe being "different" as being unique, exploring various perspectives on ways for her to attain a sense of belonging and significance.

Because Keesha's personality priority was control and the primary goal of her misbehavior was power, I set up many circumstances in which we could share power. These situations included alternating who decides what we were going to do in a session and playing games (e.g., tossing a ball back and forth, *Jenga,* and *Don't Break the Ice*) in which we took turns and I limited the number of times she could change the rules to give herself the advantage. Sometimes during our play, I used the Whisper Technique to let her direct the play, and other times I did not let her control the play, acting and speaking independently without consulting her. We also played some cooperative games (e.g., *Sleeping Grump*, *Snail Race*, and *Max*) and did several cooperative art projects (e.g., making a sock puppet with a hot glue gun) to allow her to experience what it was like to trust someone else to do their part and not try to control her. When she reacted negatively to these opportunities to share power, I spit in her soup about her perceived need to always be in charge and her lack of trust in the positive power of cooperation.

Part of the controlling elements of her lifestyle prompted many interactions in which she repeatedly tested the rules of the playroom (aiming the dart gun at me, threatening to throw sand on the carpet, suggesting that the walls would look better with paint splashed on them). The primary purpose in these behaviors was to show me that I could not control her and that she would make her own choices. I did not take these feints personally, metacommunicated about the purpose of her behavior, and engaged her in generating alternative behaviors that were appropriate. Several times, she chose to violate the agreements we negotiated (shooting me with a dart, throwing some blocks at the one-way mirror), which necessitated our setting up consequences for future transgressions. These consequences were never evoked because she always abided by the agreements after those first violations, which were designed to show me that she was not going to be controlled by me. I spit in her soup about the fact that when she did this kind of behavior, she seldom got her way, as the consequences frequently prevented her from using her favorite toys. As time passed and she became less invested in being in control of everything and everyone and moved more toward cooperation, she stopped testing the limits—though at times she still wanted to renegotiate the rules of the playroom.

I used tentative hypotheses, metacommunication, and spitting in her soup to help Keesha begin to recognize her goals of misbehavior, Crucial Cs, and mistaken beliefs. I metacommunicated about her perceived need to be in control all the time; about her struggles with feeling capable, significant, and connected to others; and about her mistaken beliefs that she was less powerful, not as smart, and less accomplished than others. I also used these techniques to challenge Keesha's perception that she had to always be in control or she would not get what she wanted and needed.

During this phase of the play therapy, I metacommunicated with Keesha about the patterns in our relationship, Keesha's nonverbal communication, and her reactions to my statements and questions. I pointed out when she asked me to make decisions and do things for her in an effort to get me to try to control her so she could overpower these efforts. When she was being nice to me because she wanted something and thought that she could get it by "buttering me up," I metacommunicated about this pattern and connected it to her mistaken belief that she needed to manipulate others. I reflected that she looked sad and forlorn when she was talking about how great her brother and sister were and how "bad" she was compared with them and that she looked angry when she described how everyone else in the family always told her what to do.

Throughout the relationship, I watched for recognition reflexes when I metacommunicated and made tentative hypotheses to see how these interpretations landed with Keesha. At first, she was so oppositional that she always reacted in a visibly negative way—arguing, sneering, calling me names, and so forth. As time passed, she began to react to my interpretations more positively. She smiled and nodded, she shrugged, she frowned, and shook her head. I metacommunicated about the various reactions and made guesses about what they meant. Sometimes she confirmed my guesses, and sometimes she ignored me.

We role played and did puppet shows about school and family situations many times in our sessions during the third phase of therapy, using Keesha's metaphors for various situations and relationships. We played school, with the teacher (sometimes played by me and sometimes played by Keesha) initially being "mean," getting into power struggles, and harshly punishing the children. As time passed, the teacher gradually became less of a tyrant and the children grew more cooperative. We also played house—mother and children, with themes of harsh discipline and lack of encouragement and nurturing for the majority of our sessions, though the mother did seem to make some progress, becoming slightly less rigid and judgmental. The families of gorillas and dinosaurs also had repeated reappearances, with some positive evolution in their relationships over time. These "underdog" characters seemed to always represent Keesha and her perception of herself. I used these interactions to ask questions, metacommunicate, spit in her soup, reframe behavior, suggest alternative perspectives, and other strategies for helping her gain insight into her lifestyle patterns, especially those related to her birth order position and her Crucial Cs. I had several conversations with the black gorilla and an alien puppet about what it was like to be different and about what they were getting from persisting in thinking being different was negative. I applied the mutual storytelling and Creative Characters interventions with the story of the elephant who liked to overpower others—we actually told a series of stories about that elephant and his adventures.

Keesha really liked reading, and bibliotherapy was especially successful with helping her to see herself, others, and the world in different ways. Some books that seemed to have a powerful impact on her were the following:

- *Hope* (Monk, 1999) (a book about a biracial little girl)
- *Don't Need Friends* (Crimi, 1999), *Badger's Bad Mood* (Oram, 1998), *Wanted: Best Friend* (Monson, 1997), *Chester's Way* (Henkes, 1988) (books about making connections)
- *Mean Soup* (Everitt, 1992) and *When Sophie Gets Angry—Really, Really Angry* (Bang, 1999) (books about dealing with anger)
- *A Bad Case of Stripes* (Shannon, 1998), *Tacky the Penguin* (Lester, 1988), *Stellaluna* (Cannon, 1993), and *Giraffes Can't Dance* (Andrede, 1999) (books about being different/unique from others)

I encouraged the family to have reading festivals in which family members read their favorite stories out loud to one another and have conversations about the stories.

Because Keesha did not especially like to draw and paint, we did not use many art projects to help her get insight into her lifestyle. We did several construction projects (making a tower, creating a sock puppet) to give her the experience of cooperating. She made a collage of the "perfect family" of animals, in which she depicted herself as the biggest and fiercest animal (a bear), her mother as a kitten, her father as a dog, her brother as a giraffe, and her sister as a cheetah. She explained that she would like to be able to be the biggest and strongest one in the family, she would like her mother to be more gentle and sweet, her father to be "really loyal, just like he really is," her brother to be able to reach stuff in high places for her, and her sister to be the fastest land animal ("so she can win all her races"). Keesha seemed to really like doing this activity and responded positively when I asked her in a later session to make a collage of "all the animals inside you." I wanted her to get the idea that her personality was multifaceted—that she had positive qualities as well as the qualities that she perceived as "bad." When she was finished gluing all the pieces onto the poster board, she grinned and said, "I am pretty amazing—just see all of the parts of me that I can show people or I can keep hidden—it is my choice!" This seemed amazingly insightful to me. Keesha wanted to show her family this project, and she requested that we do a similar activity with the entire family during a family session, which we did. She went around making suggestions to the other family members of animals they should add to their collage, which turned out to be a pretty powerful learning tool.

Throughout our relationship, I used immediacy and humor with Keesha. Because she was always looking for critical feedback, I had to be careful to make comments that involved immediacy or humor in a cheerful, friendly voice. Otherwise, she would get defensive. Several times, I could tell from her nonverbal reaction that she was interpreting something I said as criticism, so I metacommunicated about her reaction and used encouragement and confrontation to point out that my comments were meant positively rather than negatively.

Throughout this phase in the play therapy, I worked with Tracy and Leander on their own lifestyle issues, their perceptions of Keesha, and their parenting skills. I used humor, metacommunication, spitting in the soup, and encouragement to help them learn more about their own lifestyles and to make shifts in their perceptions of Keesha's lifestyle. We had discussions of how their personality priorities, Crucial Cs, mistaken beliefs, and private logic were creating difficulties in their interactions with Keesha. I supported them in their efforts to learn to be more consistent and in setting up ways for Keesha to feel more important and powerful in the family.

By Session 20, Keesha had moved from a relatively discouraged lifestyle position and her attempts to constantly maintain control over everything and everyone. She had made significant progress in her willingness to share power with others. She seemed to have some insight into the fact that being cooperative, rather than controlling, was more likely to result in positive interactions with others. Keesha had made progress from thinking herself as someone who was different from others in negative ways to thinking of herself as someone who had strong potential as a friend. She had started acknowledging her strengths and recognizing areas in which she was capable. She had also shifted her stance on whether or not she counted—she had begun to believe that she could make constructive contributions. In my assessment, Keesha was ready to move into the reorientation/reeducation phase of play therapy, so I increased the number of times per session that I pointed out connections between her attitudes and behavior in the playroom and her attitudes and behavior with her family and in school.

In the continuation of the case example in chapter 11, I describe intervention strategies I used to help Keesha learn and practice new attitudes and behaviors for implementation at home and school. I also discuss the methods I used to consult with her parents to help them support these changes and for ways to prepare Keesha and her parents for termination of the play therapy process.

SUMMARY

In the third phase of Adlerian play therapy, the primary goal is to help the child gain insight into his or her lifestyle. The therapist uses active and interpretive techniques (tentative hypotheses, metacommunication, metaphors, directed role playing, art techniques, immediacy, confrontation, humor, connections between play session behavior and real world) to accomplish this objective. In working with parents and teachers, the play therapist attempts to help them gain insight into the child's lifestyle at the same time they gain insight into their own patterns of thinking, feeling, and behaving. New understanding of themselves and of the child allows the significant adults in the child's life to make changes in attitudes, thought processes, and behaviors.

Chapter 11

REORIENTING/REEDUCATING

DURING THIS FOURTH and final phase of therapy, the play therapist shifts roles slightly, moving to a more directive, teaching-oriented function than in the earlier phases of therapy. To help children consolidate the new perspectives on their lifestyles, private logic, and basic convictions they gained during the insight phase, the play therapist continues to metacommunicate about patterns in their attitudes, feelings, thoughts, and behaviors. The primary goal of therapy during the reorientation/reeducation phase of Adlerian play therapy is for children to generate new ways of (a) viewing themselves, others, and the world; (b) feeling and behaving in various situations; and (c) relating to other people. As children decide to act differently on the basis of their evolving view of themselves, others, and the world, the play therapist uses brainstorming and problem-solving strategies to help them consider and choose new constructive behavior and interactional patterns.

The play therapist uses the toys, art media, role playing, and other teaching tools available in the playroom to help children who lack specific skill sets learn and practice those skills. Many children referred for play therapy have deficits in social skills, negotiation skills, strategies for sharing power, and so forth. As children begin to acquire these new perceptions, behaviors, and skills, the play therapist provides situations in which children can practice applying what they have learned in play sessions and helps them recognize and generate opportunities to practice applying what they have learned outside the play session. The play therapist makes sure that children have a chance to report back on what happened in the process of generalizing the new learning to other situations and relationships. One important aspect of the therapist's job during this phase of counseling is to encourage children and parents about the growth they have made and to help them get ready for terminating the play therapy relationship.

During this phase of play therapy, play therapists must give themselves permission to be as imaginative as possible. There are limitless creative methods of generating alternatives, teaching skills, practicing alternatives and skills, and encouraging. I have listed several different ways to approach each of these tasks, but I hope that therapists do not limit themselves to my suggestions. The more creative therapists are during this process, the more effectively they can tailor interventions to the needs and talents of the children and families with whom they work, inviting children and their families (and teachers) to co-create the process of Adlerian play therapy.

HELPING THE CHILD GENERATE ALTERNATIVE THOUGHTS, FEELINGS, AND ACTIONS

As children's perceptions of themselves and how they can gain a sense of belonging and significance change, their thoughts, feelings, and actions will also change. Because people act as if what they believe is true, as children change their beliefs about themselves, others, and the world, they will begin to make shifts in the way they act and react. However, because they have spent their lives proving what they used to believe about themselves and do not have any experience behaving as if their changed perceptions are true, they often need some help in making this shift. One of the most important things I have learned from working with people is that I must not ask clients to give up their old ways of acting and interacting with others until I have helped them acquire new ways of acting and interacting.

Children are frequently wiser than most adults realize. (And they are often wiser than the adults in their lives.) Many times, children know what they are supposed to do, but they have chosen not to use appropriate, constructive behaviors because the acceptable behaviors do not fit into their perceptions of themselves or do not serve the goals of their behavior, their private logic, their perception of their Crucial Cs, or their personality priorities.

The first step in generating alternatives is for the counselor to help children reconsider their experiences related to specific situations in which they would like to act more constructively. Through this process, children can explore thoughts, feelings, and behaviors that might be more useful and constructive than the thoughts, feelings, and behaviors they have traditionally manifested in those situations. Many times, children suggest different possibilities for acting and reacting without anyone else supplying ideas for them. It is important to invite them to participate in generating alternatives for themselves. They are much more likely to follow through consistently with alternatives they have proposed themselves than they are to follow through with options others have proposed for them.

This process can be done directly or indirectly, just as in the earlier phases of play therapy. The counselor can have a conversation with the child, asking about what he or she has thought, felt, or done in certain specific situations and asking the child to think of other ways to think, feel, and behave in future situations. The counselor can design a therapeutic metaphor, use bibliotherapy, do Creative Characters, or use mutual storytelling with the child to explore alternative thoughts, feelings, and behaviors through metaphor. The counselor can do a role play or use the puppets or dolls to reenact a specific situation, with part of the reenactment featuring the counselor or the child doing a color commentary on thoughts, feelings, and behaviors—both those from the past and those the child could use in the future. The counselor can develop an art activity in which the child uses thought bubbles over characters drawn, painted, or stamped to express thoughts and feelings, both current and potential. The counselor can use music, dance, or movement to give the child a platform for being creatively expressive and for generating different ways to think, feel, and behave.

With a child who initially says that he or she cannot think of any possibilities, the counselor can use brainstorming and problem-solving tactics to help generate some alternatives. Either directly or through a metaphor, the counselor asks the child to list (without considering practicality or possibility) all of the ideas that occur to him or her. The counselor makes a list of the ideas the child suggests, perhaps even adding an idea or two. Next, they go through each of the possibilities, considering the advantages and disadvantages of each idea and whether the child (or the character in a metaphoric intervention) could actually carry through with it in real life. They use this process to eliminate any ideas that are too far-fetched, narrowing down the possibilities to several choices. The counselor and the child then consider the remaining possibilities to explore potential outcomes and consequences of each. On the basis of this deliberation, the child chooses one or two of the possibilities to try (or have the characters of the metaphor try).

If the counselor is using direct communication, he or she invites the child to practice using the alternative thought(s), feeling(s), or action(s) in the play session, and they make a plan for how the child can practice the alternatives in a specific situation at home or school. The child can then report back to the counselor during their next session about what happened when the child tried the new thought(s), feeling(s), or action(s). This allows the counselor to provide the child with encouragement and support. The following is an example of using the direct approach to help the child generate alternatives.

Ms. Harding, Kyle's school counselor, established a relationship with him, explored his lifestyle, and helped him reexamine his perceptions that he must always be in charge and that the best way to be safe was to intimidate others. Kyle was feeling safer and less angry in the play sessions and in his classroom, but he was not sure how to interact with others without being aggressive.

Ms. Harding wanted to help Kyle learn to feel more secure and confident in his relationships with others, appropriately express his feelings of anger and resentment, and interact with others without trying to overpower them. She chose to work with him first on his behavior related to interacting with others. She pointed out that he had shared control with her in their play sessions and made a connection between his ability to do this with her and his ability to do this with his teacher. They brainstormed a list of possible ways that Kyle could share control with his teacher without getting into power struggles with her. Although some of the ideas were not very practical, when they evaluated them they decided that several of the ideas he had generated should work in his relationship with his teacher. He picked two of these ideas to try during the next week, and they practiced how he could follow through with his teacher.

Kyle tried both of the new behaviors during the week. One of them worked very well, and one of them did not work all that well for him. When he met with Ms. Harding the next week, they evaluated his progress, and she provided lots of encouragement for his efforts and the changes that he had made. They made plans and practiced more behavioral changes for the next week and discussed ways that Kyle could use the effective technique in other situations, such as in his interactions with his mother. As he was consolidating these behavioral changes, they also worked on making changes in his thoughts and feelings in a similar fashion.

Some children are not willing or able to engage in such a direct approach to generating alternatives. When this is the case, the play therapist needs to exercise creativity and use the play media, art techniques, role playing, metaphors, bibliotherapy, or other possible tools in the process. Children who are not comfortable with the direct approach are frequently willing to do the same brainstorming/problem-solving process through storytelling or other indirect means. The play therapist asks them to generate new ideas for a puppet or doll, a character in a story or book, or a person they have drawn—their symbolic representative. The process continues as the children help decide which course of action is the best for the symbolic representative and how he or she can follow through with the changes. The children can even act as coaches so that the doll or puppet (or other symbolic representative) can practice the alternative thoughts, feelings, or behaviors. The following is an example of the indirect approach to helping children generate alternatives.

Jeff, a second-grade boy, always cried whenever he got less than 100% correct on his assignment. His counselor, Ms. Christopher, investigated

> Jeff's lifestyle and discovered that his need to be perfect was related to his psychological birth order position, his family atmosphere, his personality priority, and his Crucial Cs. Jeff was the oldest child in a family that valued education and had very high standards. He had a need to outdo others to feel that he was valuable and important. He struggled with some of the negative aspects of superiority as his personality priority, and he did not believe that he counted unless his academic performance was perfect. In parent consultations, Ms. Christopher discovered that Jeff's parents both had superiority as their personality priorities, tending to judge their adequacy as parents by their children's performance in school. Ms. Christopher worked with Jeff's parents on recognizing that they were very good parents, regardless of the grades attained by their children. She also worked with them on ways to let Jeff know that he was valuable and important no matter what his grades were.
>
> When Ms. Christopher made guesses to Jeff about his belief that he would not be significant or lovable unless he was perfect, Jeff denied this. Because Ms. Christopher recognized that Jeff was feeling defensive about this major part of his lifestyle, she decided to use an indirect approach to communicate with him about this pattern. She used metaphors and artwork to help Jeff gain insight into his lifestyle, which seemed to work well. Jeff began loosening up a bit and developing a strong sense of self-acçeptance, but he continued to have impossibly high standards for himself.
>
> Ms. Christopher decided to use the puppets to tell Jeff a story and engage him in brainstorming some alternative thoughts for a puppet representing himself. She told him a story about Green Frog, a puppet who thought that he had to be the highest jumper in the pond. Green Frog told himself that if he couldn't outjump all the other frogs in the pond, they wouldn't like him anymore, and he would have to go live somewhere else. One day, the frogs on the pond had a jumping contest. Even though Green Frog tried his best, he didn't jump the highest. He was really embarrassed and mad at himself. He even decided that he needed to move to a different pond because now the other frogs wouldn't like him. Green Frog had started packing his suitcase to move, when along came his friend, Yellow Frog. Yellow Frog couldn't believe that Green Frog thought he had to move just because he didn't jump higher than all of the other frogs. (Ms. Christopher then asked Jeff to help her think of some other things that Yellow Frog could tell Green Frog about not being the best jumper and some other positive ways that Green Frog could get noticed in the pond.) After Green Frog heard all of the things that Yellow Frog and the other frogs liked about him, he decided that maybe the other frogs would like him even if he didn't jump the highest. He thought that perhaps they liked him just because he was himself, and he felt happy.

How elaborate the process of generating alternatives is depends on the children's developmental level and reasoning ability. With younger (up to about 7 years old) children or children who do not have highly developed abstract reasoning ability, I tend to keep the process very simple. I usually target behaviors (rather than thoughts or feelings) with this population because they are not always aware of being able to control or change their thoughts or feelings. As the children change their perceptions of themselves and their behaviors and as other people react differently to them, their thoughts and feelings frequently shift without conscious effort on their parts. I also restrict the plan to changing one behavior at a time, and I enlist the help of parents and teachers to support any kind of behavior change.

With older children and young children who have highly developed abstract reasoning skills, I find that they like the idea of having power over their thoughts and feelings, as well as their behaviors. They frequently want to dive into this process and change everything all at once. Working with this population, my goal is for us to develop a reasonable plan that the children can actually accomplish. I usually ask them to concentrate on a single area—thoughts, feelings, or behaviors—at a time, focusing on changing two or three reactions in specified situations. This keeps the plan from becoming overwhelming. Gradually, I introduce the idea of integrating the alternative thoughts, feelings, and behaviors and generalizing the new methods of acting and reacting to other situations.

TEACHING NEW SKILLS AND BEHAVIORS

In some cases, this brainstorming/problem-solving strategy does not work because the child has no idea of what to change or how to change it. In other cases, the child actually moves forward with the plan generated in the brainstorming process but remains challenged by deficits in specific skill areas. When this happens, the play therapist needs to teach the child new skills or behaviors or both. The therapist determines, on the basis of observation of the child's behavior in the playroom and consultation with parents and teachers, which skills and behaviors the child needs to acquire. As with the other strategies in play therapy, the therapist should be as creative as possible in this process, using a direct or indirect approach to teaching skills depending on the most efficacious method of communicating with that particular child.

In my experience, the most frequently needed skills are social skills, negotiation skills, and direction-following skills. In many situations, the child also needs to learn behaviors inherent in sharing power with others. These are certainly not the only skill sets the therapist will need to learn how to teach children. Individual clients may need to learn how to decide who owns a problem, ask for more responsibility in their families, ask for what they need, be assertive without being aggressive, make appropriate decisions, communicate about thoughts and feelings clearly, calm anxiety, stop obsessive thoughts, and a million other skills and behaviors. To teach skills to a client, the therapist must decide on the desired outcomes for the child. On the basis of the therapist's observation of the child's behavior and reports from parents and teachers, the therapist defines how he or she will know when the child has successfully acquired the skills he or she needs. It will also be helpful for the therapist to break down complex tasks and skill sets into their component parts, to make the teaching manageable. Though I would like to just say I am going to teach Gretchen communication skills, I must first determine which communication skills she has and which communication skills she needs to acquire. Only then can I teach her to deliver "I messages" and reflect feelings to others.

When I teach social skills, I include behaviors such as making eye contact, smiling, sharing, taking turns, giving appropriate feedback, asking appropriately to get needs met, following rules, and playing cooperatively as well as other behaviors necessary for making and keeping friends. I often also teach children skills for appropriately interacting with adults. The children need to learn to use polite language to express their feelings and get their needs met in their relationships with authority figures.

Teaching negotiation skills to children begins with helping them learn to assess realistically what they really need (or want) and what they are willing to give up to get what they need (or want). As children engage in negotiations, they will have to state clearly and concretely what they need (or want), keeping in mind an idea of what they are willing to take based on a compromise. They have to learn to take turns, stating their position and listening to the position of the person with whom they are negotiating. Children also need to learn that the end result of negotiating may be a compromise in which they do not always get the result they desire or expect.

Many of my play therapy clients have had difficulty following directions and must learn how to do this. They need help breaking down three- and four-step directions into their component parts, remembering subsequent steps while executing the first step, and then executing the rest of the steps one at a time. I teach them to think about each component part of the directions and to do things one step at a time. Although this seems simplistic, this idea is very helpful to children who struggle with multistep instructions.

Another group of children who must learn new skills are those whose primary goal of misbehavior is power. These children need help learning how to share control of situations without trying to grab the power from others. I want them to learn that they can let someone else occasionally define the rules of whatever game they are playing. One way to teach them this is simply letting them experience having someone else control the situation while they wait for their turn to be in charge. In my play sessions, I set up situations in which I am in charge so they can experience what it feels like to be safe in a relationship but not be in control. As part of this process, we practice taking turns and sharing. After children get accustomed to sharing power with me, I often ask the parents, a sibling, or another child into the playroom so that the children get an opportunity to experience having someone else share the power. I then give the family homework assignments to practice this at home, and I often ask teachers to make sure that children have opportunities to experience sharing power at school too.

PROVIDING PRACTICE OF NEW BEHAVIORS

As children learn new behaviors, they need a chance to practice these behaviors in the secure atmosphere of the play therapy relationship before they attempt these behaviors in other relationships. The play therapist can choose to have the child practice exclusively with him or her in the playroom, or he or she can ask someone else to join them.

Practicing With the Play Therapist

Usually, the initial step in this process is for children to practice the alternative behaviors in the playroom, indirectly, through storytelling or through play with puppets, dolls, or other toys. This involves a rehearsal of what children will say, do, think, and feel and what the other people they encounter will say, do, think, and feel. The play therapist can also use a more direct approach and ask children to role play various scenarios to give them a chance to hone new skills and gain self-confidence. By exploring future situations through play, children can gain a concrete idea of how to apply newly acquired behaviors outside the playroom. They can also explore possible reactions of other people and possible obstacles in particular situations and consider how they will want to deal with difficulties.

Practicing With Another Person in the Playroom

As the child's comfort level with new behaviors, thoughts, attitudes, and feelings grows, the play therapist can invite the parents, a sibling or two, one of the client's friends, or another child client into play sessions. This allows the client an opportunity to continue to practice with someone who is important to them in an environment that is supportive and safe. The child gets to practice social skills, negotiating skills, and ways to share power with "real" members of his or her life. The child also gets experience in sharing the attention and affection of the therapist in a setting in which he or she can explore emotions such as jealousy and pain.

If I bring one of my other clients or one of the client's friends in for a small-group play therapy experience, I look for certain qualities in the second child. I try to balance children on the factors of (a) aggressive and submissive, (b) active and passive, (c) outgoing and withdrawn, and (d) hyperactive and depressed. I do not want two very controlling children in the same session because, faced with another controlling child, even a child who has learned to feel safer when he or she is not in control will fight for power. I also try to avoid mixing a controlling child with a pleasing child because a pleasing child just lets the controlling child have his or her way, and they never have to compromise.

When I introduce the idea to the children, I tell them that I think it might be fun to have another child join us in the playroom. I may make some suggestions about activities we could do with additional people to share the fun. Usually children are excited about the idea of adding someone else to the play therapy process. They are frequently getting rather bored by the time I do this and are close to being ready to terminate their therapy.

If the child has a violent negative reaction, it usually means that I have moved too quickly and the child is not as close to termination as I had assumed. When this happens, I reevaluate the progress of the child by talking to the child about his or her purpose in not wanting another child in the play sessions and consulting with parents about their impressions of what is happening with the child. After this reevaluation, I discuss the situation with the child, and we decide how to proceed. Most of the time, the child needs to continue individual work for a time, and he or she will eventually bring up the idea of having another child join us when he or she is ready for this step.

Before I introduce the second child into the playroom, I talk to the client about confidentiality and about the playroom rules, especially those related to safety. We also talk about how often the second child will join us in the playroom. Many times, we decide to have the additional child come to every other session for about 4 to 6 weeks.

I frequently ask parents and other family members to come to play therapy sessions, particularly during the fourth phase. This gives the other members of the family a chance to try out more appropriate interactional patterns and parenting skills. The playroom can be a laboratory for family members to experience new ways of relating to one another in a safe environment in which they can get supportive suggestions and encouragement for the effort they expend and the progress they make.

TERMINATION

When considering termination, the counselor looks for positive movement in the presenting problem and positive changes in the child's behavior in the play therapy sessions (Kottman, 2001). Related to the presenting problem, the counselor asks, "Have the child's attitudes, relationships, and behaviors at home or school that were creating difficulties changed in a positive direction?" By discussing this question with family members, teachers, and the child and by observing the child's behavior with family members in the waiting room or in family sessions in the playroom (and/or with teachers and classmates), the counselor can gather information about progress related to the presenting problem. Because play therapy is seldom a "miracle cure," it is really important to compare the child's initial functioning with his or her current functioning rather than considering current functioning in the abstract. It helps to make this more concrete if the counselor has asked the adults with whom children interact to use scaling or tabulating to get a numerical estimate of occurrences of annoying behaviors. It is also helpful to ask parents and teachers to quantify their appraisal of children's general affect and happiness by using a scale of 1 to 10. The counselor is seeking improvement rather than a complete transformation.

The play therapist looks for evidence in the play sessions that children have altered their basic convictions and their lifestyles. It should be obvious that their goals of behavior have moved from the negative goals of destructive attention, power, revenge, or proving inadequacy to more positive goals. They should have acquired many of the positive characteristics of a child who has courage, believes that he or she can connect, is capable, and does count. Children should be making shifts in the ways that they act on their personality priorities—moving away from the limiting aspects and moving toward the strengths. Their interactions with others should show evidence of increased social interest and awareness of the rights of others. Their behavior should be more constructive and appropriate.

If other children or family members have been involved in the play therapy process, the counselor may want to let several individual sessions pass before introducing the idea of termination. This gives the child a chance to consolidate the information and skills acquired during the visitations before dealing with termination issues.

I like to let the child know that I am thinking that we will stop meeting together about three or four sessions before our last session. I summarize the progress I have observed in the playroom and the progress noted by the child, parents, and school personnel. I solicit the child's perspective on changes she or he has experienced in thoughts, feelings, behaviors, and relationships with the important people in her or his life. After this discussion, I bring up the idea that the child has improved so much that I no longer think that she or he needs help like the help she or he has been getting in the playroom. I watch closely for negative reactions to see if the child is feeling normal sadness at the idea that an important supportive relationship will be changed or other emotional reactions that could indicate that I was wrong about readiness for termination. I reflect feelings, make interpretations, and use encouragement to help the child explore thoughts and feelings. I also tell the child that this does not mean that we will no longer have a relationship. I give the child my card again and let her or him know that any time she or he feels a need to come back or to talk to me, she or he should feel free to do so.

During the remaining sessions, the child and I have a "countdown" so that he or she knows how many sessions are left. During these last sessions before terminating, the child will often quickly go back through many of the behaviors, attitudes, and play experiences that he or she experienced during the entire course of the play therapy. The child is experiencing a fast-forward recapitulation of what he or she has learned and how he or she has changed through the play therapy process. It is essential to warn parents and teachers that a parallel situation may occur at home and school. Frequently, behaviors and attitudes that have long since disappeared suddenly surface, which can be frightening for concerned adults. If I explain in advance that this is a normal process, it is usually possible to prevent parents and teachers from reverting to their old patterns in response to this recapitulation.

CASE EXAMPLE

This case example is a continuation of the case example in chapters 5, 8, 9, and 10. The narrative in this chapter is designed to illustrate how the counselor can reorient and reeducate the child, helping the child generate more positive thoughts, feelings, and actions; learn new behaviors and skills; practice these new behaviors and skills; and get ready to terminate the play therapy. In the case study, I have also demonstrated ways for the counselor to implement practical changes through parent consultation during the fourth phase of Adlerian play therapy.

My primary goal with Keesha in the reorientation/reeducation phase of play therapy was to help her to build a constructive behavioral repertoire based on her increasingly positive thoughts and feelings about herself and others. I wanted to increase her capacity to solve problems in socially appropriate ways and to enhance her social skills and negotiating skills so that she could contribute to society without demanding that her own needs be immediately met. This involved her practicing taking turns, following rules, letting others decide on activities, and so forth. I also thought that it was important for her to practice sharing power with the other important people in her life, especially with her mother and with potential friends at school. It seemed useful for her to experience interactions with the other members of her family that required trust. I also wanted her to be able to clearly evaluate and articulate her own strengths to others without being arrogant or judgmental. Another important objective for Keesha during the fourth phase of play therapy was to further develop her own racial identity, an essential skill for biracial children (Nishimura, 1995).

I simultaneously worked with Tracy and Leander to help them practice the new parenting skills they have learned, with the focus on encouraging, deciding problem ownership, and clear communicating. I also explored the parents' personal issues to see if I could help them to be more accepting of themselves and Keesha.

Following her lead, I decided to combine direct and indirect communication with Keesha. We had honest discussions about topics she was willing to explore directly, we did some brainstorming about real situations in her life, and we role played some situations using actual relationships and circumstances and other situations using animal figures to represent various people in her life. In several instances, we used her metaphoric stories, bibliotherapy, and art projects for our reorientation work.

Because Keesha's verbal skills and abstract reasoning abilities were unusually strong, it was possible to verbally process several issues directly. We had conversations about how she could get her needs met in the family without using her temper and how she could find ways to gain significance in the family without feeling that she was always competing with her siblings. We discussed her desire for more friends and brainstormed ways for her to make and keep peer relationships. In another interaction, we processed her belief that she could not trust others and that she needed to always maintain a certain level of control in relationships.

One topic Keesha was unwilling to address directly was the issue of race. She denied having any struggles related to her being biracial, strongly asserting that this was not a problem for her. To give her a vehicle to process this issue indirectly, I brought in several books about racial and cultural identity, including *Hope* (Monk, 1999), a book about a biracial little girl that Keesha had enjoyed during the third phase of therapy, as well as several other easy reader biography books about influential African American and biracial women. We used these books as a springboard for talking about how other people might think and feel about racial issues. She continued to be adamantly opposed to entering into a discussion about this topic with the other members of her family.

We used puppets and dolls to practice friendship skills and work on negotiating without being overwhelmed or overwhelming. I also arranged with Keesha's school counselor to include her in a friendship group at school with some girls from second and third grade. The school counselor suggested that Keesha serve as a mentor to a kindergarten student, which turned out to be a tremendously positive experience for both of them. Keesha loved being the "older one."

We made up stories about animals who went on adventures in which they had to continuously deal with unexpected circumstances over which they had no control. I encouraged Keesha to take on the role of the reporter in several stories we generated using the Creative Characters technique. She seemed to really like being in charge of asking others about their thoughts and feelings.

I felt that it was important to include other members of the Fox family in many of our interactions during this phase of therapy. We did several sessions in which we worked on trust issues, playing small-group adventure/challenge games (Kottman, Ashby, & DeGraaf, 2001). In one session, we conducted a round-robin strength bombardment, in which all of the family members listed the positive attributes of the other members. We also used family sculpting with Keesha as the sculptor to demonstrate how she felt as the youngest member of the family.

Keesha had stopped having temper tantrums and being radically demanding by the time we got to Session 21, but she still needed to work on her willingness to share power with other members of her family, especially her mother. In Sessions 21 through 23, we role played a variety of ways for her to share power with her mother, and then we asked Tracy to participate in several play sessions with Keesha and I to allow for them to practice sharing power with one another. Before these sessions, I had worked with Tracy on many of her issues related to control and had taught her some filial therapy (Guerney, 1992; VanFleet, 1994, 2000) so that she could track, restate content, reflect feelings, and limits. We had also worked on encouraging and setting consequences. These sessions were very fun for all three of us—their relationship seemed to improve significantly as a result of this role play.

In my work with Keesha's parents during the reorientation/reeducation phase, we discussed the practical aspects of being more consistent with Keesha, evening out who played "the bad guy" with her and presenting a united front when she tried to get Leander to rescue her from Tracy's overly rigid rules. They practiced making encouraging responses and using "I messages" to communicate with one another, and they practiced these skills with the children as homework assignments. We worked on them learning to define who "owned" the problem when they were having power struggles with the children.

Tracy continued to struggle with being consistently encouraging, and Leander continued to struggle with setting and following through with logical consequences, so I introduced the idea that perhaps their own lifestyles were interfering with their learning in this area. I used a chart to illustrate my "big picture" about how some of their unresolved family-of-origin issues, their personality priorities, and their Crucial Cs were keeping them from applying in the real world the skills that they had mastered in the abstract world of sessions. This graphic illustration seemed to help them both make several small shifts in their private logic, which resulted in more consistent application of the skills. I also encouraged them to be supportive of one another and to not overreact when they occasionally modeled the courage to be imperfect in this area.

Although it was certainly not a "miracle cure," by Session 30, it was obvious that Keesha had made good progress toward her goals. She was more cooperative, she felt more capable, she could articulate and "own" many of her positive attributes, she had more confidence about belonging at home and school, and she had begun to recognize that she could make a significant contribution to others. Keesha continued to struggle with being different from the other children at school, and she felt that she still did not have many friends. When she did get into trouble at home and school, it was because she often tried to let others know that they could not control her. However, the intensity and frequency of these incidents were significantly reduced. Keesha still did not like to take turns or lose at games, but she was much more willing (and able) to negotiate and compromise. Both Tracy and Leander were feeling more confident about themselves in their parenting role and more comfortable in dealing with Keesha's attitudes and behaviors. They were more open to considering the possibility that Keesha might be experiencing some struggles connected to her racial identity but had decided not to pressure her into dealing with it directly. They agreed to monitor her reactions in this area and keep themselves open to dialog on the topic when she was ready to discuss it. The entire family seemed happier and more balanced. In Session 30, we (Keesha, myself, Tracy, and Leander) decided to have two more individual sessions with just Keesha and myself to consolidate what she had learned. She followed the typical pattern of going through the playroom and playing with just about every toy she had used since the beginning of our sessions. On the last day, she took one of my business cards, gave me a small hug, looked me in the eye, and said, "I might be back, but I don't think I will need you anymore!" (And she hasn't.)

CONCLUSION

I hope that you have learned a great deal about the theory of Individual Psychology and about practical ways of integrating Adlerian theory into your work with children, parents, and teachers. Remember that your most important tool is who you are and what you believe about people. Be encouraging—to yourself and to the people you encounter, especially the children. Remember to play and have FUN !!!

Appendix A

ANNOTATED BIBLIOGRAPHY ON ADLERIAN PLAY THERAPY

Kottman, T. (1993). The king of rock and roll. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 133–167). Northvale, NJ: Jason Aronson.

This chapter is a case study of an Adlerian play therapy intervention with a child whose presenting problem is out-of-control behavior.

Kottman, T. (1994). Adlerian play therapy. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 3–26). New York: Wiley.

This chapter briefly describes the theoretical concepts and practical considerations in the application of Adlerian play therapy.

Kottman, T. (1995). *Partners in play: An Adlerian approach to play therapy*. Alexandria, VA: American Counseling Association.

This book is the first edition of the definitive guide to doing Adlerian play therapy.

Kottman, T. (1997). Adlerian play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 310–340). New York: Wiley.

This chapter is a case study of working with a child who is struggling with behavior and academic problems. The entire book consists of multiple case studies, all with the same child.

Kottman, T. (1999a). Group applications of Adlerian play therapy. In D. Sweeney & L. Homeyer (Eds.), *Group play therapy* (pp. 65–85). Springfield, IL: Charles C Thomas.

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In this chapter, the author describes how Adlerian play therapy can be applied to working with multiple children in a play therapy group.

Kottman, T. (1999b). Play therapy. In R. Watts & J. Carlson (Eds.), *Interventions and strategies in counseling and psychotherapy* (pp. 161–180). Philadelphia: Accelerated Development.

This chapter is an overview of Adlerian play therapy.

Kottman, T. (1999c). Using the Crucial Cs in Adlerian play therapy. *Individual Psychology, 55*, 289–297.

This article contains information about how the Adlerian play therapist can apply an understanding of the Crucial Cs to help conceptualize a child and his or her parents and custom-design intervention strategies based on this conceptualization.

Kottman, T. (2000). Adlerian case consultation with a teacher. In M. Dougherty (Ed.), *Psychological consultation and collaboration* (3rd ed., pp. 48–62). Pacific Grove, CA: Brooks/Cole.

In this chapter, the author outlines a method for using personality priorities to understand the thoughts, feelings, and actions of teachers in the process of consultation. The author also describes how to make suggestions about classroom management based on the teacher's personality priorities.

Kottman, T. (2002). Billy, the teddy bear boy. In L. Golden (Ed.), *Case studies in child and adolescent counseling* (3rd ed., pp. 8–20). Columbus, OH: Merrill Prentice Hall.

This chapter is a case study of an Adlerian play therapy intervention with a child whose presenting problem is a phobia.

Kottman, T., & Ashby, J. (1999). Using Adlerian personality priorities to custom-design consultation with parents of play therapy clients. *International Journal of Play Therapy, 8*(2), 77–92.

In this article, the authors explain strategies for using personality priorities in the process of parent consultation.

Kottman, T., & Johnson, V. (1993). Adlerian play therapy: A tool for school counselors. *Elementary School Guidance and Counseling, 28*, 42–51.

This article contains a description of specific applications of Adlerian play therapy in a school setting, using examples from a school counselor who is using this strategy in her school.

Kottman, T., & Stiles, K. (1990). The mutual storytelling technique: An Adlerian application in child therapy. *Journal of Individual Psychology, 46*, 148–156.

This article contains specific examples of ways mutual storytelling can be used to identify and realign children's goal of misbehavior.

Kottman, T., & Warlick, J. (1989). Adlerian play therapy: Practical considerations. *Journal of Individual Psychology, 45*, 433–444.

This article contains a general description of the procedures of Adlerian play therapy.

Kottman, T., & Warlick, J. (1990). Adlerian play therapy. *Journal of Humanistic Education and Development, 28*, 69–83.

This article has a general overview of the basics of Adlerian play therapy.

Appendix B

RESEARCH AND ANECDOTAL SUPPORT FOR THE EFFICACY OF PLAY THERAPY WITH SPECIFIC POPULATIONS

Play Therapy Is the Treatment of Choice

- Abuse and/or Neglect

Allen, J., & Lawton-Speert, S. (1993). Play psychotherapy of a profoundly incest abused boy: A Jungian approach. *International Journal of Play Therapy, 2*(1), 33–48.

Auerbach-Walker, L., & Bolkavatz, M. (1988). Play therapy with children who have experienced sexual assault. In L. Auerbach-Walker (Ed.), *Handbook on sexual abuse of children: Assessment and treatment issues* (pp. 249–269). New York: Springer.

Brody, V. (1992). The dialogue of touch: Developmental play therapy. *International Journal of Play Therapy, 1*(1), 21–30.

Cockle, S., & Allan, J. (1996). Nigredo and Albedo: From darkness to light in the play therapy of a sexually abused girl. *International Journal of Play Therapy, 5*(1), 31–44.

Costas, M. (1998). Filial therapy with non-offending parents of children who have been sexually abused. *Dissertation Abstracts International, A59*(07).

Costas, M., & Landreth, L. (1999). Filial therapy with non-offending parents of children who have been sexually abused. *International Journal of Play Therapy, 8*(1), 43–66.

Doyle, J., & Stoop, D. (1999). Witness and victim of multiple abuses: Case of Randy, age 10, in a residential treatment center, and follow-up at age 19 in prison. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 131–163). New York: Guilford Press.

Drewes, A. (1999). Developmental considerations in play and play therapy with traumatized children. *Journal for the Professional Counselor, 14*(1), 37–54.

Gil, E. (1991). *The healing power of play: Working with abused children*. New York: Guilford Press.

Griffith, M. (1997). Empowering techniques of play therapy: A method for working with sexually abused children. *Journal of Mental Health Counseling, 19*, 130–142.

Hall, P. (1997). Play therapy with sexually abused children. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 171–196). Northvale, NJ: Jason Aronson.

Kelly, M. M. (1995). Play therapy with sexually traumatized children: Factors that promote healing. *Journal of Child Sexual Abuse, 4*(3), 1–11.

Lovatt, D. (1999). Ecosystemic play therapy with maltreated children. *Masters Abstracts International, 37*(02).

Marvasti, J. (1993). "Please hurt me again": Posttraumatic play therapy with an abused child. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 485–526). Northvale, NJ: Jason Aronson.

Marvasti, J. (1994). Play diagnosis and play therapy with child victims of incest. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 319–348). New York: Wiley.

Mills, B., & Allan, J. (1992). Play therapy with the maltreated child: Impact upon aggressive and withdrawn patterns of interaction. *International Journal of Play Therapy, 1*(1), 1–20.

Pelcovitz, D. (1999). Betrayed by a trusted adult: Structured time-limited group therapy with elementary school children abused by a school employee. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 183–202). New York: Guilford Press.

Strand, V. (1999). The assessment and treatment of family sexual abuse. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 104–130). New York: Guilford Press.

Tonning, L. (1999). Persistent and chronic neglect in the context of poverty—When parents can't parent: Case of Ricky, age 3. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 203–224). New York: Guilford Press.

Tyndall-Lind, A. (1999). Revictimization of children from violent families: Child-centered theoretical formulation and play therapy treatment implications. *International Journal of Play Therapy, 8*(1), 9–25.

Van de Putte, S. (1995). A paradigm for working with child survivors of sexual abuse who exhibit sexualized behaviors during play therapy. *International Journal of Play Therapy, 4*(1), 27–49.

- Adjustment Disorder

Anderson, J., & Richards, N. (1995, October). *Play therapy in the real world: Coping with managed care, challenging children, skeptical colleagues, time and space constraints*. Paper presented at the First Annual Conference of the Iowa Association of Play Therapy, Iowa City, IA.

- Adoption and Foster Care

Kottman, T. (1997). Building a family: Play therapy with adopted children and their parents. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 337–370). Northvale, NJ: Jason Aronson.

VanFleet, R. (1994). Filial therapy for adoptive children and parents. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 371–386). New York: Wiley.

- Aggressive, Acting-Out Behavior

Bleck, R., & Bleck, B. (1982). The disruptive child's play group. *Elementary School Guidance and Counseling, 17*, 137–141.

Fischetti, B. (2001). Use of play therapy for anger management in the school setting. In A. Drewes, L. Carey, & C. Schaefer (Eds.), *School-based play therapy* (pp. 238–256). New York: Wiley.

Johnson, S., & Clark, P. (2001). Play therapy with aggressive acting-out children. In G. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 323–333). Philadelphia: Taylor & Francis.

Kottman, T. (1993). The king of rock and roll. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 133–167). Northvale, NJ: Jason Aronson.

Mills, B., & Allan, J. (1992). Play therapy with the maltreated child: Impact upon aggressive and withdrawn patterns of interaction. *International Journal of Play Therapy, 1*(1), 1–20.

Nearing, G. (1999). Prevention of violent behaviors through attachment via a play therapy and Montessori program. *Dissertation Abstracts International, B60*(03).

O'Connor, K. (1986). The interaction of hostile and depressive behaviors: A case study of a depressed boy. *Journal of Child and Adolescent Psychotherapy, 3*, 105–108.

Smith, A., & Herman, J. (1994). Setting limits while enabling self-expression: Play therapy with an aggressive, controlling child. *International Journal of Play Therapy, 3*(1), 23–36.

- Anxiety and Withdrawn Behavior

Barlow, K., Strother, J., & Landreth, G. (1985). Child-centered play therapy: Nancy from baldness to curls. *The School Counselor, 32*, 347–356.

Mills, B., & Allan, J. (1992). Play therapy with the maltreated child: Impact upon aggressive and withdrawn patterns of interaction. *International Journal of Play Therapy, 1*(1), 1–20.

Shelby, J., & Tredinnick, M. (1995). Crisis intervention with survivors of natural disasters: Lessons from Hurricane Andrew. *Journal of Counseling & Development, 73*, 491–497.

Singer, D. (1998). The use of children's imagery in play therapy. *International Medical Journal, 5*(2), 83–91.

- Chronic or Terminal Illness

Bertoia, J., & Allan, J. (1988). Counseling seriously ill children: Use of spontaneous drawings. *Elementary School Guidance and Counseling, 22*, 206–221.

Boley, S., Ammen, S., O'Connor, K., & Miller, L. (1996). The use of the Color-Your-Life Technique with pediatric cancer patients and their siblings. *International Journal of Play Therapy, 5*(2), 57–78.

Boley, S., Peterson, C., Miller, L., & Ammen, S. (1996). An investigation of the Color-Your-Life Technique with childhood cancer patients. *International Journal of Play Therapy, 5*(2), 41–56.

Glazer-Waldman, H., Zimmerman, J., Landreth, G., & Norton, D. (1992). Filial therapy: An intervention for parents of children with chronic illness. *International Journal of Play Therapy, 1*(1), 31–42.

Golden, L. (1983). Play therapy for hospitalized children. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 213–233). New York: Wiley.

Goodman, R. (1999). Childhood cancer and the family: Case of Tim, age 6, and follow-up at age 15. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 380–406). New York: Guilford Press.

Kaplan, C. (1999). Life threatening blood disorder: Case of Daniel, age 11, and his mother. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 356–379). New York: Guilford Press.

Landreth, G. (1988). Lessons for living from a dying child. *Journal of Counseling & Development, 67*, 100.

LeVieux, J. (1990, December). Issues in play therapy: The dying child. *Association for Play Therapy Newsletter, 9*(4), 4–5.

Ridder, N. (1999). HIV/AIDS in the family: Group treatment for latency-age children affected by the illness of a family member. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 341–355). New York: Guilford Press.

VanFleet, R. (2000). Short-term play therapy for families with chronic illness. In H. Kaduson & C. Schaefer (Eds.), *Short-term play therapy for children* (pp. 175–193). New York: Guilford Press.

- Depressive Episodes

Anderson, J., & Richards, N. (1995, October). *Play therapy in the real world: Coping with managed care, challenging children, skeptical colleagues, time and space constraints*. Paper presented at the First Annual Conference of the Iowa Association of Play Therapy, Iowa City, IA.

Briesmeister, J. (1997). Play therapy with depressed children. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 3–28). Northvale, NJ: Jason Aronson.

Stiles, K., & Kottman, T. (1990). Mutual storytelling: An alternative intervention for depressed children. *The School Counselor, 37*, 337–343.

- Dissociative Disorder

Graham-Costain, V., & Gould, C. (1990). Play therapy with ritually abused children. In B. G. Braun (Ed.), *Dissociative disorders: Proceedings of the Seventh International Conference of Multiple Personality/Dissociative States* (pp. 1–12). Chicago: Rush University.

Klein, J., & Landreth, G. (1993). Play therapy with multiple personality disorder clients. *International Journal of Play Therapy, 2*(1), 1–14.

Klein, J., & Landreth, G. (2001). Play therapy with dissociative identity disorder clients with child alters. In G. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 323–333). Philadelphia: Taylor & Francis.

Snow, M. S., White, J., Pilkington, L., & Beckman, D. (1995). Dissociative identity disorder revealed through play therapy: A case study of a four-year-old. *Dissociation Progress in the Dissociative Disorders, 8*(2), 120–123.

- Divorce of Parents

Berg, B. (1989). Cognitive play therapy for children of divorce. In P. Keller & S. Heyman (Eds.), *Innovations in clinical practice: A source book* (Vol. 4, pp. 143–173). Sarasota, FL: Professional Resource Exchange.

Bratton, S., & Landreth, G. (1995). Filial therapy with single parents: Effects on parental acceptance, empathy, and stress. *International Journal of Play Therapy, 4*(1), 61–80.

Cangelosi, D. (1993). Internal and external wars: Psychodynamic play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 347–370). Northvale, NJ: Jason Aronson.

Faust, J. (1993). Oh, but a heart, courage and a brain: An integrative approach to play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 417–436). Northvale, NJ: Jason Aronson.

Hellendoorn, J., & DeVroom, M. (1993). Gentleman Jim and his private war: Imagery interaction play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 97–132). Northvale, NJ: Jason Aronson.

Mendell, A. (1983). Play therapy with children of divorced parents. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 320–354). New York: Wiley.

Price, J. (1991). The effects of divorce precipitate a suicide threat: Case of Philip, age 8. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 202–218). New York: Guilford Press.

Robinson, H. (1999). Unresolved conflicts in a divorced family: Case of Charlie, age 10. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 272–293). New York: Guilford Press.

- Family Violence

Nisivoccia, D., & Lynn, M. (1999). Helping forgotten victims: Using activity groups with children who witness violence. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 74–103). New York: Guilford Press.

VanFleet, R., Lilly, J. P., & Kaduson, H. (1999). Play therapy for children exposed to violence: Individual, family and community interventions. *International Journal of Play Therapy, 8*(1), 27–42.

Webb, N. B. (1999). The child witness of parental violence: Case of Michael, age 4, and follow-up at age 16. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 49–73). New York: Guilford Press.

- Grief Issues

Bluestone, J. (1999). School-based peer therapy to facilitate mourning in latency-age children following sudden parental death: Cases of Joan, age 10½, and Roberta, age 9½, with follow-up 8 years later. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 225–251). New York: Guilford Press.

Carter, S. (1987). Use of puppets to treat traumatic grief: A case study. *Elementary School Guidance and Counseling, 21,* 210–215.

LeVieux, J. (1994). Terminal illness and death of father: Case of Celeste, age 5. In N. B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (pp. 81–95). New York: Guilford Press.

Masur, C. (1991). The crisis of early maternal loss: Unresolved grief of 6-year-old Chris in foster care. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 164–176). New York: Guilford Press.

Perry, L. (1993). Audrey, the bois d'arc, and me: A time of becoming. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 5–44). Northvale, NJ: Jason Aronson.

Saravay, B. (1991). Short-term play therapy with two preschool brothers following sudden paternal death. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 177–201). New York: Guilford Press.

Tait, D., & Depta, J. (1994). Play therapy group for bereaved children. In N. B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (pp. 169–185). New York: Guilford Press.

- Hospitalization

Alger, I., Linn, S., & Beardslee, W. (1985). Puppetry as a therapeutic tool for hospitalized children. *Hospital and Community Psychiatry, 36*, 129–130.

Brunskill, S. (1984). Play therapy for the hospitalized child. *American Urological Association Journal, 5*(2), 17–18.

Ellerton, M., Caty, S., & Ritchie, J. (1985). Helping young children master intrusive procedures through play. *Children's Health Care, 13*, 167–173.

Golden, L. (1983). Play therapy for hospitalized children. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 213–233). New York: Wiley.

Kaplan, C. (1999). Life threatening blood disorder: Case of Daniel, age 11, and his mother. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 356–379). New York: Guilford Press.

Shapiro, D. (1995). Puppet modeling technique for children undergoing stressful medical procedures: Tips for clinicians. *International Journal of Play Therapy, 4*(2), 31–40.

Webb, J. (1995). Play therapy with hospitalized children. *International Journal of Play Therapy, 4*(1), 51–60.

Wojtasik, S., & Sanborn, S. (1991). The crisis of acute hospitalization: Case of Seth, age 7. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 295–309). New York: Guilford Press.

- Posttraumatic Stress Disorder

Allen, J., & Lawton-Speert, S. (1993). Play psychotherapy of a profoundly incest abused boy: A Jungian approach. *International Journal of Play Therapy, 2*(1), 33–48.

Auerbach-Walker, L., & Bolkavatz, M. (1988). Play therapy with children who have experienced sexual assault. In. L. Auerbach-Walker (Ed.), *Handbook on sexual abuse of children: Assessment and treatment issues* (pp. 249–269). New York: Springer.

Bevin, T. (1999). Multiple traumas of refugees—near drowning and witnessing of maternal rape: Case of Sergio, age 9, and follow-up at age 16. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 164–182). New York: Guilford Press.

Hall, P. (1997). Play therapy with sexually abused children. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 171–196). Northvale, NJ: Jason Aronson.

Marvasti, J. (1993). "Please hurt me again": Posttraumatic play therapy with an abused child. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 485–526). Northvale, NJ: Jason Aronson.

Marvasti, J. (1994). Play diagnosis and play therapy with child victims of incest. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 319–348). New York: Wiley.

Mills, B., & Allan, J. (1992). Play therapy with the maltreated child: Impact upon aggressive and withdrawn patterns of interaction. *International Journal of Play Therapy, 1*(1), 1–20.

Strand, V. (1999). The assessment and treatment of family sexual abuse. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 104–130). New York: Guilford Press.

Van de Putte, S. (1995). A paradigm for working with child survivors of sexual abuse who exhibit sexualized behaviors during play therapy. *International Journal of Play Therapy, 4*(1), 27–49.

- Severe Trauma (Such as Earthquakes, Car Wrecks, War, and Kidnapping)

Fornari, V. (1999). The aftermath of a plane crash—helping a survivor cope with deaths of mother and sibling: Case of Mary, age 8. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 407–429). New York: Guilford Press.

Hofmann, J., & Rogers, P. (1991). A crisis play group in a shelter following the Santa Cruz earthquake. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 379–395). New York: Guilford Press.

Joyner, C. (1991). Individual, group and family crisis counseling following a hurricane: Case of Heather, age 9. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 396–415). New York: Guilford Press.

Shelby, J. (1997). Rubble, disruption, and tears: Helping young survivors of natural disaster. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 143–170). Northvale, NJ: Jason Aronson.

Webb, B. (1991). Afterward: The crisis of war. In N. B. Webb (Ed.), *Play therapy with children in crisis* (pp. 437–444). New York: Guilford Press.

Webb, N. B. (1999). The child witness of parental violence: Case of Michael, age 4, and follow-up at age 16. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 49–73). New York: Guilford Press.

Williams-Gray, B. (1999). International consultation and intervention on behalf of children affected by war. In N. B. Webb (Ed.), *Play therapy with children in crisis* (2nd ed., pp. 448–470). New York: Guilford Press.

- Specific Fears and Phobias

Knell, S. (2000). Cognitive-behavioral play therapy for childhood fears and phobias. In H. Kaduson & C. Schaefer (Eds.), *Short-term play therapy for children* (pp. 3–27). New York: Guilford Press.

Kottman, T. (2002). Billy, the teddy bear boy. In L. Golden (Ed.), *Case studies in child and adolescent counseling* (3rd ed., pp. 8–20). Columbus, OH: Merrill Prentice Hall.

Lyness-Richard, D. (1997). Play therapy for children with fears and phobias. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 29–60). Northvale, NJ: Jason Aronson.

Milos, M., & Reiss, S. (1982). Effects of three play conditions on separation anxiety in young children. *Journal of Consulting and Clinical Psychology, 50,* 389–395.

Sugar, M. (1988). A preschooler in a disaster. *American Journal of Psychotherapy, 42*, 619–629.

Specific Play Therapy Approaches Are Effective

- Attachment Disorder

Benedict, H., & Mongoven, L. (1997). Thematic play therapy: An approach to treatment of attachment disorders in young children. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 277–315). Northvale, NJ: Jason Aronson.

Jernberg, A. (1979). *Theraplay: A new treatment using structured play for problem children and their families.* San Francisco: Jossey-Bass.

Jernberg, A., & Booth, P. (1999). *Theraplay* (2nd ed.). San Francisco: Jossey-Bass.

Jernberg, A., & Jernberg, E. (1993). Family Theraplay for the family tyrant. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 45–96). Northvale, NJ: Jason Aronson.

- Moderate to Severe Behavior Problems

Bleck, R., & Bleck, B. (1982). The disruptive child's play group. *Elementary School Guidance and Counseling, 17*, 137–141.

Cabe, N. (1997). Conduct disorder: Grounded play therapy. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 229–254). Northvale, NJ: Jason Aronson

Guerney, L. (1991). Parents as partners in treating behavior problems in early childhood settings. *Topics in Early Childhood Special Education, 11*, 74–90.

Kottman, T. (1993). The king of rock and roll. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 133–167). Northvale, NJ: Jason Aronson.

O'Connor, K. (1986). The interaction of hostile and depressive behaviors: A case study of a depressed boy. *Journal of Child and Adolescent Psychotherapy, 3*, 105–108.

Reid, S. (1993). It's all in the game: Game play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 527–560). Northvale, NJ: Jason Aronson.

Smith, A., & Herman, J. (1994). Setting limits while enabling self-expression: Play therapy with an aggressive, controlling child. *International Journal of Play Therapy, 3*(1), 23–36.

- Selective Mutism

Barlow, K., Strother, J., & Landreth, G. (1986). Sibling group play therapy: An effective alternative with an elective mute child. *School Counselor, 34*, 44–50.

Cook, J. A. (1997). Play therapy for selective mutism. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 83–115). Northvale, NJ: Jason Aronson.

Knell, S. (1993b). To show and not tell: Cognitive–behavioral play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 169–208). Northvale, NJ: Jason Aronson.

Play Therapy Can Be Effective When Combined With Other Interventions

- Attention Deficit Hyperactivity Disorder

Kaduson, H. (1997). Play therapy for children with attention-deficit hyperactivity disorder. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 197–228). Northvale, NJ: Jason Aronson.

Kaduson, H., & Finnerty, K. (1995). Self-control game interventions for attention-deficit hyperactivity disorder. *International Journal of Play Therapy, 2*(1), 15–30.

Reddy, L., Spencer, P., Hall, T., & Rubel, E. (2001). Use of developmentally appropriate games in a child group training program for young children with attention-deficit/hyperactivity disorder. In A. Drewes, L. Carey, & C. Schaefer (Eds.), *School-based play therapy* (pp. 256–276). New York: Wiley.

- Autism

Bromfield, R. (1989). Psychodynamic play therapy with a high-functioning autistic child. *Psychoanalytic Psychology, 6*, 439–453.

Libby, S., Powell, S., Messer, D., & Jordan, R. (1997). Imitation of pretend play acts by children with autism and Down's syndrome. *Journal of Autism and Developmental Disorders, 27*, 365–382.

Mittledorf, W., Hendricks, S., & Landreth, G. (2001). Play therapy with autistic children. In G. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 257–269). Philadelphia: Taylor & Francis.

Wolfberg, P., & Schuler, A. (1993). Integrated play groups: A model for promoting the social and cognitive dimensions of play in children with autism. *Journal of Autism and Developmental Disorders, 23*, 467–488.

- Enuresis or Encopresis

Briesmeister, J. (1997). Play therapy with depressed children. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 3–28). Northvale, NJ: Jason Aronson.

Cuddy-Casey, M. (1997). A case study using child-centered play therapy approach to treat enuresis and encopresis. *Elementary School Guidance and Counseling, 31*, 220–225.

Feldman, P., Villanueuva, S., Lanne, V., & Devroede, G. (1993). Use of play with clay to treat children with intractable encopresis. *Journal of Pediatrics, 122*, 483–488.

- Learning Disabilities

Guerney, L. (1983). Play therapy with learning disabled children. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 419–435). New York: Wiley.

Kale, A., & Landreth, G. (1999). Filial therapy with parents of children experiencing learning difficulties. *International Journal of Play Therapy, 8*(2), 35–56.

- Major Depressive Disorder

Briesmeister, J. (1997). Play therapy with depressed children. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 3–28). Northvale, NJ: Jason Aronson.

- Mental Retardation

Ginsberg, B. (1984). Beyond behavior modification: Client-centered play therapy with the retarded. *Academic Psychology Bulletin, 6*, 160–166.

Leland, H. (1983). Play therapy for mentally retarded and developmentally delayed children. In C. Schaefer & K. O'Connor

(Eds.), *Handbook of play therapy* (pp. 436–455). New York: Wiley.

Libby, S., Powell, S., Messer, D., & Jordan, R. (1997). Imitation of pretend play acts by children with autism and Down's syndrome. *Journal of Autism and Developmental Disorders, 27*, 365–382.

O'Doherty, S. (1989). Play and drama therapy with the Down's syndrome child. *Arts in Psychotherapy, 16*, 171–178.

- Physical Disabilities

Palumbo, A. (1988). Special puppet designs for profoundly handicapped children. *Journal of Rehabilitation, 54*(2), 41–45.

Salomon, M. (1983). Play therapy with the physically handicapped. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 455–569). New York: Wiley.

Williams, W., & Lair, G. (1991). Using a person-centered approach with children who have a disability. *Elementary School Guidance and Counseling, 25*, 194–203.

- Separation Anxiety Disorder

Anderson, J., & Richards, N. (1995, October). *Play therapy in the real world: Coping with managed care, challenging children, skeptical colleagues, time and space constraints*. Paper presented at the First Annual Conference of the Iowa Association of Play Therapy, Iowa City, IA

Appendix C

SELECTED REFERENCES ON PLAY THERAPY

Cognitive–Behavioral Play Therapy

Knell, S. (1993a). *Cognitive–behavioral play therapy*. Northvale, NJ: Jason Aronson.

Knell, S. (1993b). To show and not tell: Cognitive–behavioral play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 169–208). Northvale, NJ: Jason Aronson.

Knell, S. (1994). Cognitive–behavioral play therapy. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 111–142). New York: Wiley.

Knell, S. (1997). Cognitive–behavioral play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 79–99). New York: Wiley.

Knell, S. (2000). Cognitive–behavioral play therapy for childhood fears and phobias. In H. Kaduson & C. Schaefer (Eds.), *Short-term play therapy for children* (pp. 3–27). New York: Guilford Press.

Knell, S., & Moore, D. (1990). Cognitive–behavioral play therapy in the treatment of encopresis. *Journal of Clinical Child Psychology, 19*, 55–60.

Ecosystemic Play Therapy

O'Connor, K. (1991). *The play therapy primer: An integration of theories and techniques*. New York: Wiley.

O'Connor, K. (1993). Child, protector, confidant: Structured group ecosystemic play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 245–282). Northvale, NJ: Jason Aronson.

O'Connor, K. (1994). Ecosystemic play therapy. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 61–84). New York: Wiley.

O'Connor, K. (1997). Ecosystemic play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 234–284). New York: Wiley.

O'Connor, K. (2000). *The play therapy primer* (2nd ed.). New York: Wiley.

O'Connor, K., & Ammen, S. (1997). *Play therapy treatment planning and interventions: The ecosystemic model and workbook*. San Diego, CA: Academic Press.

Existential/Experiential Play Therapy

Moustakas, C. (1953). *Children in play therapy: A key to understanding normal and disturbed emotions*. New York: McGraw-Hill.

Moustakas, C. (1959). *Psychotherapy with children: The living relationship*. New York: Harper Row.

Moustakas, C. (1973). *The child's discovery of himself*. Northvale, NJ: Jason Aronson.

Norton, C., & Norton, B. (1997). *Reaching children through play therapy: An experiential approach*. Denver, CO: Publishing Cooperative.

Gestalt Play Therapy

Carroll, F., & Oaklander, V. (1994). Gestalt play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 184–203). New York: Wiley.

Oaklander, V. (1992). *Windows to our children: A Gestalt approach to children and adolescents*. New York: The Gestalt Journal Press. (Original work published 1978)

Oaklander, V. (1993). From meek to bold: A case study of Gestalt play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 281–299). Northvale, NJ: Jason Aronson.

Oaklander, V. (1994). Gestalt play therapy. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 143–156). New York: Wiley.

Oaklander, V. (1999). Group play therapy from a Gestalt perspective. In L. Homeyer & D. Sweeney (Eds.), *Group play therapy: How to do it, how it works, whom it's best for* (pp. 162–176). San Francisco: Jossey-Bass.

Oaklander, V. (2000). Short-term Gestalt play therapy for grieving children. In H. Kaduson & C. Schaefer (Eds.), *Short-term play therapy for children* (pp. 28–52). New York: Guilford Press.

Jungian Play Therapy

Allan, J. (1988). *Inscapes of the child's world*. Dallas, TX: Spring.

Allan, J. (1994). Jungian play psychotherapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 100–130). New York: Wiley.

Allan, J., & Bertoia, J. (1992). *Written paths to healing: Education and Jungian child counseling*. Dallas, TX: Spring.

Allen, J., & Lawton-Speert, S. (1993). Play psychotherapy of a profoundly incest abused boy: A Jungian approach. *International Journal of Play Therapy, 2*(1), 33–48.

Allen, J., & Levin, S. (1995). "Born on my bum": Jungian play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 209–244). Northvale, NJ: Jason Aronson.

Bertoia J. (1999). The invisible village: Jungian group play therapy. In L. Homeyer & D. Sweeney (Eds.), *Group play therapy: How to do it, how it works, whom it's best for* (pp. 86–194). San Francisco: Jossey-Bass.

Nondirective, Person-Centered Play Therapy

Axline, V. (1969). *Play therapy* (Rev. ed.). New York: Ballantine Books.

Axline, V. (1971). *Dibs: In search of self*. New York: Ballantine Books.

Ginott, H. (1961). *Group psychotherapy with children: The theory and practice of play therapy*. New York: McGraw-Hill.

Guerney, L. (1983). Client-centered (nondirective) play therapy. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 21–64). New York: Wiley.

Guerney, L. (1997). Filial therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 130–159). New York: Wiley.

Guerney, L., & Welsh, A. (1993). Two by two: A filial therapy case study. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 561–588). Northvale, NJ: Jason Aronson.

Landreth, G. (1991). *Play therapy: The art of the relationship*. Muncie, IN: Accelerated Development.

Landreth, G., & Sweeney, D. (1997). Child-centered play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 17–45). New York: Wiley.

Landreth, G., & Sweeney, D. (1999). The freedom to be: Child-centered group play therapy. In L. Homeyer & D. Sweeney (Eds.), *Group play therapy: How to do it, how it works, whom it's best for* (pp. 39–64). San Francisco: Jossey-Bass.

Mader, C. (2000). Child-centered play therapy with disruptive school students. In H. Kaduson & C. Schaefer (Eds.), *Short-term play therapy for children* (pp. 53–68). New York: Guilford Press.

Perry, L. (1993). Audrey, the bois d'arc, and me: A time of becoming. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 5–44). Northvale, NJ: Jason Aronson.

Post, P. (2001). Child-centered play therapy for at-risk elementary children. In A. Drewes, L. Carey, & C. Schaefer (Eds.), *School-based play therapy* (pp. 105–122). New York: Wiley.

Psychodynamic Play Therapy

Cangelosi, D. (1993). Internal and external wars: Psychodynamic play therapy. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 347–370). Northvale, NJ: Jason Aronson.

Chethik, M. (1989). *Techniques of child therapy: Psychodynamic strategies*. New York: Guilford Press.

Esman, A. (1983). Psychoanalytic play therapy. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 11–20). New York: Wiley.

Frankel, J. B. (1998). Play's the thing: Processes of therapy are clearly seen in child therapy. *Psychoanalytic Dialogues, 8*, 149–182.

Frankiel, R. (1993). Hide-and-seek in the playroom: Object loss and transference in child treatment. *Psychoanalytic Review, 80*, 341–359.

Freud, A. (1964). *The psychoanalytic treatment of children*. New York: Schocken Books.

Gardner, R. (1986). *The psychotherapeutic technique of Richard A. Gardner.* Northvale, NJ: Jason Aronson.

Klein, M. (1978). *The psychoanalysis of children* (3rd ed.). London: Hogarth.

Lee, A. (1997). Psychoanalytic play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 46–78). New York: Wiley.

Winnicott, D. W. (1971). *Playing and reality*. New York: Basic Books.

Winnicott, D. W. (1996). *Thinking about children*. London: Karnac.

Theraplay

Booth, P., & Lindaman, S. (2000). Theraplay for enhancing attachment in adopted children. In H. Kaduson & C. Schaefer (Eds.), *Short-term play therapy for children* (pp. 194–227). New York: Guilford Press.

Jernberg, A. (1979). *Theraplay: A new treatment using structured play for problem children and their families*. San Francisco: Jossey-Bass.

Jernberg, A., & Booth, P. (1999). *Theraplay* (2nd ed.). San Francisco: Jossey-Bass.

Jernberg, A., & Jernberg, E. (1993). Family Theraplay for the family tyrant. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 45–96). Northvale, NJ: Jason Aronson.

Koller, T. (1994). Adolescent Theraplay. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 159–188). New York: Wiley.

Koller, T., & Booth, P. (1997). Fostering attachment through family Theraplay. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 204–233). New York: Wiley.

Martin, D. (2001). Theraplay for classrooms. In A. Drewes, L. Carey, & C. Schaefer (Eds.), *School-based play therapy* (pp. 163–174). New York: Wiley.

Munns, E. (2000). *Theraplay: Innovations in attachment-enhancing play therapy*. Northvale, NJ: Aronson.

Rubin, P., & Tregay, J. (1989). *Play with them: Theraplay groups in the classroom*. Springfield, IL: Charles C Thomas.

Various Theories and Approaches

Drewes, A., Carey, L., & Schaefer, C. (2001). *School-based play therapy*. New York: Wiley.

Homeyer, H., & Sweeney, D. (Eds.). (1999). *Group play therapy: How to do it, how it works, whom it's best for*. San Francisco: Jossey-Bass.

Kaduson, H., Cangelosi, D., & Schaefer, C. (1997). *The playing cure: Individualized play therapy for specific childhood problems*. Northvale, NJ: Jason Aronson.

Kaduson, H., & Schaefer, C. (Eds.). (1997). *101 favorite play therapy techniques*. Northvale, NJ: Jason Aronson.

Kaduson, H., & Schaefer, C. (Eds.). (2000). *Short-term play therapy for children*. New York: Guilford Press.

Kottman, T., & Schaefer, C. (Eds.). (1993). *Play therapy in action: A casebook for practitioners*. Northvale, NJ: Jason Aronson.

Landreth, G. (Ed.). (1982). *Play therapy: Dynamics of the process of counseling with children*. Springfield, IL: Charles C Thomas.

Landreth, G. (Ed.). (2001). *Innovations in play therapy: Issues, process, and special populations*. Philadelphia: Brunner-Routledge.

O'Connor, K., & Braverman, L. (Eds.). *Play therapy theory and practice: A comparative presentation*. New York: Wiley.

O'Connor, K., & Schaefer, C. (Eds.). (1994). *Handbook of play therapy* (Vol. 2). New York: Wiley.

Schaefer, C. (Ed.). (1993). *The therapeutic powers of play.* Northvale, NJ: Jason Aronson.

Schaefer, C., & Carey, L. (Eds.). (1994). *Family play therapy.* Northvale, NJ: Jason Aronson.

Schaefer, C., & O'Connor, K. (Eds.). (1983). *Handbook of play therapy* (Vol. 1). New York: Wiley.

Webb, N. B. (1999). (Ed.). *Play therapy with children in crisis* (2nd ed.). New York: Guilford Press.

Appendix D

CHILDREN'S LIFESTYLE QUESTIONS FOR PARENTS*

Family Atmosphere and Constellation Questions

1. If ___________ (the presenting problem) wasn't happening, how would things be different in your family?

2. Describe each person in your family.

For the following questions, with families who only have one child, you can ask the parents to compare the child with friends, cousins, neighbors, or skip the question. Most of these questions can be adapted to fit only children by changing the wording slightly (e.g., for Question 5, you could ask, "What does mom like about the child?"; for Question 7, you could ask, "How is the child like dad?").

3. Which of the child's brothers and sisters is most different from him or her? How is that sibling different from ___________? (In a family of just two children, ask how the other sibling is different from the client.)

4. Which of the child's brothers and sisters is most like him or her? How is he or she like ___________? (In a family of just two children, ask how the other sibling is like the client.)

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* The author adapted this list of questions on the basis of work by Dinkmeyer and Dinkmeyer (1977), Eckstein and Baruth (1996), Powers and Griffith (1987), Shulman and Mosak (1988), and Bobbie Wilborn, former director of the Child and Family Resource Clinic at the University of North Texas.

5. Which child is mom's favorite? What does mom like about that child?

6. Which child is dad's favorite? What does dad like about that child?

7. Of all the kids in your family, which one is most like dad? How is he or she like dad?

8. Of all the kids in your family, which one is most like mom? How is he or she like mom?

9. Which one of the parents is the client most like? In what ways? (This may have already been answered in Question 7 or 8, but it is a slightly different question, and you may want the parent[s] to elaborate on the answers.)

10. Describe the relationship between the parents. Who makes the decisions? Who is more ambitious for the children? In what way? How do you handle disagreements? What do you disagree about?

11. What is your philosophy on discipline? On what topics related to parenting situations do you have different opinions? What happens when you have different opinions on how to handle parenting situations?

12. What other adults have been important in the child's life? Grandparents? In what way? Other relatives? In what way? Friends or neighbors? In what way?

13. What other children have been important in the child's life? In what way?

14. Do any family members use alcohol or other drugs? To what extent? How does this affect the rest of the family? What is the child's reaction to the use of alcohol or other drugs?

15. If you could change anything about the family, what would you change?

16. How does the client stand out in the family? Positively? (At what activities or experiences has he or she been successful or contributed in positive ways to the family?) Negatively? (What does she or he get into trouble for?)

17. What does the child want to be when he or she grows up?

18. Describe the routine happenings in a typical day for your family.

19. What are the child's responsibilities: Getting up in the morning? Getting off to school? Getting to bed at night? Household chores? Taking care of pets? Does he or she stay alone? When? What is mealtime like?

20. Does the child have nightmares? Dreams? What about? How does the child react to nightmares? To other dreams? How do you handle them?

21. What traumatic events have occurred during the child's life? (death, divorce, abuse, family violence, etc.) How did the child react to the trauma? What was done to help the child cope with any trauma he or she experienced?

22. What are your hopes and dreams for the child?

23. Describe your family of origin. What was your birth order position? What was your parents' discipline style? As a child, what were you known for in your family? What were the most important values in your family as you were growing up?

24. How does your current family resemble your family growing up? How is your current family different from your family growing up?

25. How does your parenting resemble that of your parents? How is your parenting style different from that of your parents?

School Questions

1. How do things go for ___________ at school?

2. What does he or she like best at school?

3. What is his or her favorite subject?

4. What does he or she like least about school?

5. What is his or her least favorite subject?

6. What would he or she rather be doing than going to school?

7. What does he or she do best at school?

8. What does his or her teacher like about him or her?
9. What would he or she like to change about school?
10. What does he or she get in trouble for at school?
11. What happens when he or she gets in trouble at school? (What are the consequences imposed by school personnel? What are the consequences imposed by the family?)
12. How does he or she react to correction or consequences at school?

Social Questions

1. How does ___________ get along with adults?
2 Who is his or her favorite adult to be around?
3. What does that adult like about him or her?
4. What does he or she like about that adult?
5. Who is his or her least favorite adult to be around?
6. What doesn't that adult like about him or her?
7. What doesn't ___________ like about that adult?
8. How does ___________ get along with other kids his or her own age?
9. How does ___________ get along with kids younger than him or her?
10. How does ___________ get along with kids older than him or her?
11. Who is her best friend?
12. Describe the friend.
13. What kinds of activities do they do together?
14. What does this best friend like about ___________?

15. What does __________ like about this best friend?

16. What would you like to change about __________'s relationship with other kids?

Goals of Misbehavior

1. What kinds of behaviors that __________ engages in are bothersome to you or other family members?

2. How do you or other family members feel when this behavior occurs?

3. What do you and family members do in response to the bothersome behaviors?

4. What does __________ do when corrected or criticized by you or others in the family?

Sibling Ratings

If you had to rate the children in the family on the following attributes, who would you rate as the highest for each attribute and who would you rate the lowest for each attribute? If the client is neither highest nor lowest, indicate by an arrow whether she or he would tend toward the higher side or the lower side. If the child is an only child, simply rate him or her as being high or low on each of the attributes as compared with other children who are about the same age.

	Highest	Lowest
Intelligent		
Hardworking		
Good grades		
Follows rules		
Helps at home		
Complains/critical		
Considerate		
Selfish		
Tries to please		
Hurt feelings		

continues

	Highest	Lowest
Temper		
Materialistic		
Friends		
High standards		
Athletic		
Spoiled		
Best looking		
Punished		

Feelings Questions

1. What is ___________ most afraid of? What is it about this that scares him or her? How does he or she express fear/how can you tell when he or she is afraid? How do you react when he or she is afraid? What does he or she seem to want you to do when he or she is afraid? What are the coping strategies he or she uses to deal with being afraid? How effective are these coping strategies?

2. What does ___________ get angry about? What is there about this (person? relationship? situation? problem?) that angers him or her? How does he or she express anger/how can you tell when he or she is angry? How do you react to this anger? Which of your responses to the child's anger seem to help to optimize his or her coping with anger? What coping strategies does he or she use to manage angry responses? How effective are these coping strategies?

3. What does ___________ feel sad about? What is there about this (person? situation? relationship? problem?) that saddens him or her? How does he or she express sadness/how can you tell when he or she is sad? How do you react when he or she is acting sad? Which of your responses to the child's sadness seem to help with the sadness? What coping strategies does he or she use to manage the sadness? How effective are these strategies?

4. What hurts ___________'s feelings? What is there about this (person? situation? relationship?) that hurts his or her feelings? How does he or she express hurt/how can you tell when he or she has hurt feelings? How do you react when his or her feelings are hurt? What coping strategies does he or she use to manage the hurt feelings? How effective are these strategies?

Appendix E

RESOURCES FOR TEACHING PARENTS AND TEACHERS ADLERIAN PRINCIPLES AND SKILLS

Albert, L. (1989). *A teacher's guide to cooperative discipline: How to manage your classroom and promote self-esteem*. Circle Pines, MN: American Guidance Service.

Bettner, B. L., & Lew, A. (1996a). *Raising kids who can: Leader's guide*. Newton Centre, MA: Connexions Press.

Bettner, B. L., & Lew, A. (1996b). *Raising kids who can: Using family meetings to nurture responsible, cooperative, caring, and happy children*. Newton Centre, MA: Connexions Press.

Dinkmeyer, D., & McKay, G. (1989). *Systematic training for effective parenting (STEP)* (3rd ed.). Circle Pines, MN: American Guidance Services.

Dinkmeyer, D., & McKay, G. (1996). *Raising a responsible child* (Rev. ed.). New York: Fireside.

Dinkmeyer, D., McKay, G., & Dinkmeyer, D. (1980). *Systematic training for effective teaching*. Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., McKay, G., & Dinkmeyer, J. (1989). *Early childhood STEP*. Circle Pines, MN: American Guidance Services.

Dinkmeyer, D., McKay, G., & Dinkmeyer, D., & McKay, J. (1987). *The effective parent*. Circle Pines, MN: American Guidance Services..

Dreikurs, R., Grunwald, B., & Pepper, F. (1982). *Maintaining sanity in the classroom*. New York: Harper/Row.

Dreikurs, R., & Soltz, V. (1964). *Children: The challenge*. New York: Hawthorn.

Lew, A., & Bettner, B. L. (1996). *Responsibility in the classroom*. Newton Centre, MA: Connexions Press.

Lew, A., & Bettner, B. L. (2000). *A parent's guide to motivating children*. Newton Centre, MA: Connexions Press.

Lott, L., & Nelson, J. (1995). *Teaching parenting the positive discipline way*. Fair Oaks, CA: Sunrise Press.

Main, F. (1986). *Perfect parenting and other myths*. Minneapolis, MN: CompCare.

Nelson, J. (1987). *Positive discipline*. New York: Ballantine.

Nelson, J., & Erwin, C. (1994). *Positive discipline for single parents: Facilitator's guide*. Rocklin, CA: Prima.

Nelson, J., Erwin, C., & Delzer, C. (1993). *Positive discipline for single parents*. Rocklin, CA: Prima.

Nelson, J., Erwin, C., & Duffy, R. (1995). *Positive discipline for preschoolers*. Rocklin, CA: Prima.

Nelson, J., Lott, L., & Glenn, S. (1993). *Positive discipline in the classroom: How to effectively use class meetings*. Rocklin, CA: Prima.

Popkin, M. (1993). *Active parenting today*. Atlanta, GA: Active Parenting.

Popkin, M. (1994). *Active teaching*. Atlanta, GA: Active Parenting.

Popkin, M., Gard, B., & Montgomery, M. (1996). *1 2 3 4 parents! Parenting children ages 1 to 4*. Atlanta, GA: Active Parenting.

Popkin, M., Young, B. B., & Healy, J. (1995). *Parents on board: Building academic success through parent involvement*. Atlanta, GA: Active Parenting.

Shapiro, S., Shapiro, S., Skinulis, K., & Skinulis, R. (1996a). *Advanced practical parenting study guide*. Toronto, Ontario, Canada: Parent Education.

Shapiro, S., Shapiro, S., Skinulis, K., & Skinulis, R. (1996b). *Practical parenting study guide*. Toronto, Ontario, Canada: Parent Education.

Shapiro, S., Skinulis, K., & Skinulis, R., (1996). *Practical parenting: A common sense guide to raising cooperative, self-reliant, and loving children*. Toronto, Ontario, Canada: Parent Education.

Appendix F

CHILDREN'S LIFESTYLE QUESTIONS FOR TEACHERS*

1. If ____________ (the presenting problem) wasn't happening, how would things be different in your classroom? How would things be different for ____________ (child's name) at school?
2. Describe yourself and your style as a teacher.
3. What is your philosophy on discipline?
4. How do you usually handle behavior problems in the classroom?
5. How does ____________ stand out in the classroom in positive ways? (At what activities or experiences has he or she been successful or contributed in positive ways to school or the class?)
6. How does ____________ stand out in the classroom in negative ways? (What does she or he get into trouble for?)
7. How do you feel when ____________ does this?
8. How do you handle discipline when ____________ does this?
9. How does ____________ react when you discipline?
10. Describe the routine happenings in a typical day in your classroom.

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* Developed by Terry Kottman, PhD, NCC, RPT-S.

11. How does the child perform academically?
12. How does the child deal with transitions?
13. What does he or she like best at school? What does he or she do best at school?
14. What is his or her favorite subject?
15. What does he or she like least about school?
16. What is his or her least favorite subject?
17. What would he or she be rather doing than going to school?
18. How does recess go for ___________?
19. What do you like about him or her?
20. What would he or she like to change about school?
21. Do you know of any traumatic events that have occurred during the child's life (death, divorce, abuse, family violence, etc.)? How did the child react to the trauma? What was done to help the child cope with any trauma he or she experienced?
22. How does ___________ get along with other kids his or her own age?
23. How does ___________ get along with kids younger than him or her?
24. How does ___________ get along with kids older than him or her?
25. Who is his or her best friend at school/in your class?
26. Describe the friend.
27. What kinds of activities do they do together?
28. What does this best friend like about ___________?
29. What does ___________ like about this best friend?

30. What would you like to change about ___________'s relationship with other kids?

Feelings Questions

1. What is ___________ most afraid of? What is it about this that scares him or her? How does he or she express fear/how can you tell when he or she is afraid? How do you react when he or she is afraid? What does he or she seem to want you to do when he or she is afraid? What are the coping strategies he or she uses to deal with being afraid? How effective are these coping strategies?

2. What does ___________ get angry about? What is there about this (person? relationship? situation? problem?) that angers him or her? How does he or she express anger/how can you tell when he or she is angry? How do you react to this anger? Which of your responses to the child's anger seem to help to optimize his or her coping with anger? What coping strategies does he or she use to manage angry responses? How effective are these coping strategies?

3. What does ___________ feel sad about? What is there about this (person? situation? relationship? problem?) that saddens him or her? How does he or she express sadness/how can you tell when he or she is sad? How do you react when he or she is acting sad? Which of your responses to the child's sadness seem to help with the sadness? What coping strategies does he or she use to manage the sadness? How effective are these strategies?

4. What hurts ___________'s feelings? What is there about this (person? situation? relationship?) that hurts his or her feelings? How does he or she express hurt/how can you tell when he or she has hurt feelings? How do you react when his or her feelings are hurt? What coping strategies does he or she use to manage the hurt feelings? How effective are these strategies?

Appendix G

LIFESTYLE QUESTIONS FOR CHILDREN*

Family Atmosphere and Constellation Questions

1. If ___________ (the presenting problem) wasn't happening, how would things be different in your life?

2. Describe each person in your family.

With an only child, for the following questions, you can ask the child to compare himself or herself with friends, cousins, neighbors, "other kids your age," or skip the question (e.g., skip Questions 7, 8, 9, 10). For a single-parent family, skip the questions that do not apply.

3. Which of your brothers and sisters is most different from you? How is he or she different from you? (In a family of just two children, ask how the other sibling is different from the client.)

4. Which of your brothers and sisters is most like you? How is he or she like you? (In a family of just two children, ask how the other sibling is like the client.)

5. What kind of person is your dad?

6. What kind of person is your mom?

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* The author adapted this list of questions on the basis of work by Dinkmeyer and Dinkmeyer (1977), Eckstein and Baruth, (1996), Powers and Griffith (1987), Shulman and Mosak (1988), and Bobbie Wilborn, former director of the Child and Family Resource Clinic at the University of North Texas.

7. Of all the kids in your family, which one is most like your dad? How is he or she like your dad?
8. Of all the kids in your family, which one is most like your mom? How is he or she like your mom?
9. Which of the kids is your dad's favorite?
10. Which of the kids is your mom's favorite?
11. Which one of your parents are you most like? How are you like him or her? (This may have already been answered in Question 7 or 8, but it is a slightly different question, and you may want the child to elaborate on her or his answers.)
12. What do you get in trouble for at home?
13. What happens when you get into trouble at home? (What are the consequences, if any?)
14. What do you do (how do you react) when you get into trouble at home?
15. Which of your parents is stricter?
16. What happens when your parents disagree?
17. What do they disagree about?
18. What does your family do for fun together?
19. If you could change anything about your family, what would you change?

School Questions

1. How do things go for you at school?
2. What do you like best at school?
3. What is your favorite subject?
4. What do you like least about school?

5. What is your least favorite subject?
6. What would you rather be doing than going to school?
7. What do you do best at school?
8. What does your teacher like about you? The principal? The school counselor? The custodian?
9. What would you like to change about school?
10. What do you get in trouble for at school?
11. What happens when you get in trouble at school? (What are the consequences, if any?)
12. Who disciplines you at school? How do you feel about that person? How do you react when you get disciplined at school?

Social Questions

1. How do you get along with adults?
2. Who is your favorite adult?
3. What do you like about him or her?
4. What does he or she like about you?
5. Who is your least favorite adult?
6. What don't you like about him or her?
7. How do you get along with other kids your age?
8. How do you get along with kids younger than you?
9. How do you get along with kids older than you?
10. Who is your best friend?
11. Describe him or her.
12. What do you like about him or her?

13. What does he or she like about you?

14. What kinds of things do you do together?

15. Who are your other friends? Where do you see them? What kinds of activities do you do with them?

16. Do you prefer to play with lots of kids all at once, just a few kids, just one other kid, or by yourself?

17. If you could change anything about your relationships with other kids, what would you change?

General Questions

1. If you had three wishes, what would they be?

2. If you could be any animal, what animal would you be? What do you like about that animal? How do you think that animal is like you? What are the qualities of that animal that you admire or wish you could have?

3. If anything in your life could be different, what would you want to change?

4. If you could be any toy in the playroom, what toy would you be? What do you like about that toy?

5. What is your favorite book or story? What do you like about that book or story?

6. Who is your favorite character in a book or story? What do you like about him or her or it?

7. What is your favorite movie? What do you like about that movie?

8. Who is your favorite movie character? What do you like about him or her or it?

9. What is your favorite television show? What do you like about that show?

10. Who is your favorite character on television? What do you like about him or her or it?

11. Do you remember any of the dreams you have at night? Describe them. How do you feel when you wake up? How do your parents and others react when you tell them about your dreams?

12. What are you most afraid of? What is there about __________ that scares you? How do you act when you're afraid/how do you let other people know that you are afraid? How do your parents and other people react when you feel afraid?

13. What do you get the most angry about? What is there about it that angers you? How do you act when you're angry/how do you let other people know when you are angry? How do your parents and other people react when you feel angry?

14. What do you get the most sad about? What is there about it that you feel sad about? How do you act when you're sad/how do you let other people know when you are sad? How do your parents and other people react when you feel sad?

15. What hurts your feelings? What is it about ____________ that hurts your feelings? How do you act when your feelings are hurt? How do your parents and other people react when you feel hurt?

16. When you feel afraid (angry, sad, hurt), what can you do to help yourself deal with those feelings? What can other people in your life do to help you deal with those feelings?

17. What are you good at?

18. What do you wish you were better at doing?

19. What do you like about yourself?

Appendix H

KINETIC DRAWING ADLERIAN QUESTIONING STRATEGIES*

Kinetic Family Drawings

Instructions: Give the child a pencil with an eraser and several sheets of paper.

Say: "Draw a picture of everyone in your family for me. Everybody in the family needs to be DOING something. I would like you to draw whole people instead of stick people. Remember, everyone in the family needs to be DOING something—some kind of action."

When the child has finished drawing, ask the following questions about ***each*** *of the figures:*

1. Who is this person?

2. What is his or her relationship to you?

3. How old is he or she?

4. Can you tell me a little bit about this person?

5. What is this person doing?

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* This procedure and the questions are a combination of the usual kinetic school drawing procedure and Adlerian lifestyle questions. I have adapted the work of Knoff (1985), Dinkmeyer and Dinkmeyer (1977), Eckstein and Baruth (1992), and Bobbie Wilborn, former director of the Child and Family Resource Clinic, University of North Texas.

6. How does this person feel?

7. How do you feel about this person?

8. How does this person get along with other people?

Choose several of the following questions to ask about individual figures:

1. What does this person wish for? What does this person need the most?
2. What is this person thinking?
3. What do you like about this person?
4. What don't you like about this person?
5. What happened to this person right before the picture?
6. What will happen to this person right after the picture?
7. What will happen to this person in the future?
8. What does this person do well?
9. What does this person get in trouble for?
10. What is this person afraid of?
11. What does this person get angry about?
12. Which of the other children are you most like? How?
13. Which of the other children is most different from you? How?
14. Which of the children do you spend the most time with? Doing what?
15. Which of the children is mom's favorite? Dad's favorite?
16. Which of the children is most like mom? How? Most like dad? How?

17. Which of your parents are you most like? How?

18. Which of your parents do you like the best? What do you like about that parent?

Choose some of the following questions to ask about the family:

1. What is the family doing?

2. What will happen to this family right before this picture? Right after this picture?

3. What will happen to this family in the future?

4. What does this family do for fun together?

5. If you could change one member of this family, who would you change and what would be different about that person?

6. If you could change anything about this family, what would you change?

Kinetic School Drawing

Instructions: Give the child a pencil with an eraser and several sheets of paper.

Say: "I'd like you to draw a school picture for me. Put yourself, your teacher, and a friend or two in the picture. Make everybody DOING something. Try to draw whole people and not stick people. Remember, draw yourself, your teacher, and a friend or two, and make everybody doing something at school."

When the child has finished drawing, ask the following questions about each of the figures:

1. Who is this person?

2. Can you tell me a little bit about this person?

3. What is this person doing?

4. How does this person feel?

5. How do you feel about this person?

6. How does this person get along with other people?

Choose several of the following questions to ask about individual figures:

1. What does this person wish for? What does this person need the most?
2. What is this person thinking?
3. What do you like about this person?
4. What don't you like about this person?
5. What happened to this person right before the picture?
6. What will happen to this person right after the picture?
7. What will happen to this person in the future?
8. What does this person do well?
9. What does this person get in trouble for?
10. What happens when this person gets in trouble?
11. What is this person afraid of?
12. What does this person get angry about?
13. What does this person do for fun?
14. What does this person think about school?
15. Which of these friends are you most like? How?
16. Which of these friends is most different from you? How?
17. Which of these friends do you spend the most time with? Doing what?
18. Which of these friends is the teacher's favorite? Why?

19. Which of these friends doesn't the teacher like? Why?

20. How do you feel about the teacher?

21. How do things go for you in school?

Choose several of the following questions to ask about school interactions:

1. What is the class doing?

2. What will happen to this class right before this picture? Right after this picture?

3. What will happen to this class in the future?

4. What do the kids in this class do for fun?

5. If you could change anything about this class, what would you change? What would you change about school?

Appendix I

ADLERIAN PLAY THERAPY LIFESTYLE CONCEPTUALIZATION

ADLERIAN PLAY THERAPY
LIFESTYLE CONCEPTUALIZATION—CHILD*

Assets:

Functioning at Life Tasks: (scaling is optional; if used, 1 would be low/10 would be high)

School: 1 2 3 4 5 6 7 8 9 10

Friendship: 1 2 3 4 5 6 7 8 9 10

Love/Family: 1 2 3 4 5 6 7 8 9 10

Self: 1 2 3 4 5 6 7 8 9 10

Spirituality/Existential: 1 2 3 4 5 6 7 8 9 10

* Thanks to Alexandria Carey for her work in perfecting the child's lifestyle conceptualization form.

ADLERIAN PLAY THERAPY LIFESTYLE CONCEPTUALIZATION—PARENT

Assets (both personally and those that relate to parenting):

Functioning at Life Tasks: (scaling is optional; if used, 1 would be low/10 would be high)

Work: 1 2 3 4 5 6 7 8 9 10

Friendship: 1 2 3 4 5 6 7 8 9 10

Love/Intimacy: 1 2 3 4 5 6 7 8 9 10

Self: 1 2 3 4 5 6 7 8 9 10

Spirituality/Existential: 1 2 3 4 5 6 7 8 9 10

Functioning in Role as Parent (including assessment of parenting skills, attitudes toward parenting, attitudes toward specific children):
1 2 3 4 5 6 7 8 9 10

Family Constellation/Psychological Birth Order Position (how the parent's perception of family constellation in his or her family of origin has affected his/her lifestyle and functioning as a parent):

Family Atmosphere (how the parent's perception of the atmosphere of his or her family of origin has affected his/her lifestyle; what the parent learned about parenting from his or her parents):

Early Recollections (themes and what they tell you about the parent's lifestyle):

Crucial Cs: (scaling is optional; if used, 1 would be low/10 would be high)

Connect: 1 2 3 4 5 6 7 8 9 10

Capable: 1 2 3 4 5 6 7 8 9 10

Count: 1 2 3 4 5 6 7 8 9 10

Courage: 1 2 3 4 5 6 7 8 9 10

Personality Priorities:

Lifestyle Convictions:
(*those that are mistaken beliefs/faulty convictions)

I am/I must be...

Others are/others must be...

My relationships with others are/must be...

The world is/the world should be...

Life is/life must be...

Based on these convictions/perceptions/beliefs/feelings, my behavior must be...

Private Logic:

ADLERIAN PLAY THERAPY LIFESTYLE CONCEPTUALIZATION—TEACHER

Assets (both personally and those that relate to teaching):

Functioning at Life Tasks: (scaling is optional; if used, 1 would be low/10 would be high)

Work: 1 2 3 4 5 6 7 8 9 10

Friendship: 1 2 3 4 5 6 7 8 9 10

Love/Intimacy: 1 2 3 4 5 6 7 8 9 10

Self: 1 2 3 4 5 6 7 8 9 10

Spirituality/Existential: 1 2 3 4 5 6 7 8 9 10

Functioning in Role as Teacher (including assessment of teaching skills, assessment of classroom management skills, attitudes toward teaching, attitudes toward specific "types" of children; philosophy of teaching): 1 2 3 4 5 6 7 8 9 10

Family Constellation/Psychological Birth Order Position (how the teacher's perception of family constellation in his or her family of origin has affected his/her lifestyle and functioning as a teacher; descriptions of siblings who were particularly problematic in his or her growing up):

Family Atmosphere (how the teacher's perception of the atmosphere of his or her family of origin has affected his/her lifestyle; what the teacher learned about discipline from his or her parents):

School Experiences (how the teacher's perception of his or her own experiences in school has affected his/her lifestyle, attitudes, and behavior related to school):

Early Recollections (themes and what they tell you about the teacher's lifestyle—focus especially on those recollections related to school experiences)

Crucial Cs: (scaling is optional; if used, 1 would be low/10 would be high)

Connect: 1 2 3 4 5 6 7 8 9 10

Capable: 1 2 3 4 5 6 7 8 9 10

Count: 1 2 3 4 5 6 7 8 9 10

Courage: 1 2 3 4 5 6 7 8 9 10

Personality Priorities:

Lifestyle Convictions:
(*those that are mistaken beliefs/faulty convictions)

I am/I must be...

Others are/others must be...

Children are/should be...

My relationships with others are/must be…

The world is/the world should be…

Life is/life must be…

School is/school must be…

Based on these convictions/perceptions/beliefs/feelings, my behavior must be…

Private Logic:

Appendix J

ADLERIAN PLAY THERAPY TREATMENT PLAN

ADLERIAN PLAY THERAPY TREATMENT PLAN—CHILD

Assets you want to encourage:

Goals for change:

Strategies:

Progress measured by:

Functioning at ***life tasks*** that needs readjusting/balancing:

Goals for change:

Strategies:

Progress measured by:

Ways to optimize positive qualities and reduce negative aspects of ***personality priorities***

Goals for change:

Strategies:

Progress measured by:

Crucial Cs that need adjusting:

Goals for change:

Strategies:

Progress measured by:

Goals of misbehavior that need readjusting:

Goals for change:

Strategies:

Progress measured by:

Mistaken beliefs/faulty convictions (self/others/the world/life) that need readjusting:

Goals for change:

Strategies:

Progress measured by:

Self-defeating/useless behaviors you want to change:

Goals for change (needed immediately):

Strategies:

Progress measured by:

Goals for change (long-range):

Strategies:

Progress measured by:

Skills the child needs to learn:

Goals for change:

Strategies:

Progress measured by:

ADLERIAN PLAY THERAPY TREATMENT PLAN—PARENT/TEACHER CONSULTATION

Personality priorities and Crucial Cs:

Strategies for consultation:

Assets you want to encourage:

Goals for change:

Strategies:

Progress measured by:

Functioning at ***life tasks*** that needs readjusting/balancing:

Goals for change:

Strategies:

Progress measured by:

Lifestyle elements that may interfere with parenting/teaching success:

Goals for change:

Strategies:

Progress measured by:

Skills needed:

Goals for change:

Strategies:

Progress measured by:

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REFERENCES

Adler, A. (1954). *Understanding human nature* (W. B. Wolf, Trans.). New York: Fawcett Premier. (Original work published 1927)

Adler, A. (1958). *What life should mean to you*. New York: Capricorn. (Original work published 1931)

Adler, A. (1963). *The problem child*. New York: Putnam Capricorn. (Original work published 1930)

Albert, L. (1989). *A teacher's guide to cooperative discipline: How to manage your classroom and promote self-esteem*. Circle Pines, MN: American Guidance Service.

Ames, L., & Haber, C. (1985). *Your 7-year-old: Life in a minor key*. New York: Delta.

Ames, L., & Ilg, F. (1979). *Your 5-year-old: Sunny and serene*. New York: Delta.

Anderson, J., & Richards, N. (1995, October). *Play therapy in the real world: Coping with managed care, challenging children, skeptical colleagues, time and space constraints*. Paper presented at the First Annual Conference of the Iowa Association of Play Therapy, Iowa City, IA.

Andrede, G. (1999). *Giraffes can't dance*. New York: Scholastic.

Ansbacher, H., & Ansbacher, R. (Eds.). (1956). *The Individual Psychology of Alfred Adler: A systematic presentation in selections from his writings*. San Francisco: Harper & Row.

Ashby, J., & Kottman, T. (1998, October). *Play therapy applications of Adlerian personality priorities*. Paper presented at the 15th Annual International Play Therapy Conference, Phoenix, AZ.

Association for Play Therapy. (1997). Play therapy definition. *Association for Play Therapy Newsletter, 16*(2), 4.

Bang, M. (1999). *When Sophie gets angry—Really, really angry*... New York: Blue Sky Press.

Beames, T. B. (1992). *A student's glossary of Adlerian terminology* (2nd ed.). Chicago: Adler School of Professional Psychology.

Bettner, B. L., & Lew, A. (1996a). *Raising kids who can: Leader's guide*. Newton Centre, MA: Connexions Press.

Bettner, B. L., & Lew, A. (1996b). *Raising kids who can: Using family meetings to nurture responsible, cooperative, caring, and happy children*. Newton Centre, MA: Connexions Press.

Bixler, R. (1949). Limits are therapy. *Journal of Consulting Psychology, 13*, 1–11.

Bordon, B. (1982). Early recollections as a diagnostic technique with primary age children. *Individual Psychology, 38*, 207–212.

Brandell, J. (2000). *Of mice and metaphors: Therapeutic storytelling with children*. New York: Basic Books.

Bratton, S., & Ferebee, K. (1999). The use of structured expressive art activities in group activity therapy with preadolescents. In D. Sweeney & L. Homeyer (Eds.), *Group play therapy: How to do it, how it works, whom it's best for* (pp. 192–214). San Francisco: Jossey-Bass.

Bratton, S., & Ray, D. (2000). What the research shows about play therapy. *International Journal of Play Therapy, 9*(1), 47–88.

Briggs, D. C. (1975). *Your child's self-esteem*. New York: Doubleday.

Brooks, R. (1981). Creative characters: A technique in child therapy. *Psychotherapy, 18*, 131–139.

Brooks, R. (1985). The beginning sessions of child therapy: Of messages and metaphors. *Psychotherapy, 22*, 761–769.

Buck, J. (1992). *House–Tree–Person projective drawing technique: Manual and interpretive guide* (Revised by W. L. Warren). Los Angeles: Western Psychological Services.

Burns, R. (1990). *A guide to family-centered circle drawings*. New York: Brunner/Mazel.

Burns, R., & Kaufman, S. (1972). *Action, styles, and symbols in kinetic family drawings*. New York: Brunner/Mazel.

Cannon, J. (1993). *Stellaluna*. San Diego, CA: Harcourt Brace.

Carey, A. (n.d.). *Life style conceptualization*. Unpublished manuscript.

Carlson, J., & Slavik, S. (Eds.). (1997). *Techniques in Adlerian psychology*. Washington, DC: Accelerated Development.

Cerio, J. (2000). *Play therapy: A do-it-yourself guide for practitioners*. Alfred, NY: Alfred University.

Christensen, O. (Ed.). (1993). *Adlerian family counseling* (Rev. ed.). Minneapolis, MN: Educational Media.

Close, H. (1998). *Metaphor in psychotherapy: Clinical applications of stories and allegories*. San Luis Obispo, CA: Impact.

Cockle, S. (1994). Healing through art: The self portrait technique. *International Journal of Play Therapy, 3*(1), 37–56.

Crimi, C. (1999). *Don't need friends*. New York: Random House.

Crowley, R., & Mills, J. (1989). *Cartoon magic: How to help children discover their rainbows within*. New York: Magination.

Dewey, E. (1971). Family atmosphere. In A. Nikelly (Ed.), *Techniques for behavior change* (pp. 41–47). Springfield, IL: Charles C Thomas.

Dewey, E. (1978). *Basic applications of Adlerian psychology for self-understanding and human relationships*. Coral Spring, FL: CMI Press.

DiLeo, J. (1996). *Young children and their drawings*. New York: Brunner/Mazel.

Dinkmeyer, D., & Dinkmeyer, D. (1977). Concise counseling assessment: The children's life-style guide. *Elementary School Guidance and Counseling, 12*, 117–124.

Dinkmeyer, D., & Dinkmeyer, D. (1983). Adlerian approaches. In H. T. Prout & D. Brown (Eds.), *Counseling and psychotherapy with children and adolescents: Theory and practice for school and clinic settings* (pp. 289–327). Tampa, FL: Mariner.

Dinkmeyer, D., Dinkmeyer, D., & Sperry, L. (1987). *Adlerian counseling and psychotherapy* (2nd ed.). Columbus, OH: Merrill.

Dinkmeyer, D., & McKay, G. (1989). *The parent's handbook: Systematic training for effective parenting (STEP)* (3rd ed.). Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., & McKay, G. (1996). *Raising a responsible child* (Rev. ed.). New York: Fireside.

Dinkmeyer, D., McKay, G., & Dinkmeyer, D. (1980). *Systematic training for effective teaching*. Circle Pines, MN: American Guidance Service.

Draper, K., White, J., O'Shaughnessy, T., Flynt, M., & Jones, N. (2001). Kinder Training: Play-based consultation to improve the school adjustment of discouraged kindergarten and first grade students. *International Journal of Play Therapy, 10*(1), 1–30.

Dreikurs, R. (1948). *The challenge of parenthood*. New York: Duell, Sloan & Pearce.

Dreikurs, R. (1952–1953). The psychological interview in medicine. *American Journal of Individual Psychology, 10*, 99–122.

Dreikurs, R. (1967). *Psychodynamics, psychotherapy, and counseling*. Chicago: Alfred Adler Institute.

Dreikurs, R., & Cassel, P. (1972). *Discipline without tears*. Toronto, Ontario, Canada: Alfred Adler Institute of Ontario.

Dreikurs, R., & Grey, L. (1970). *A parent guide to child discipline*. New York: Hawthorne.

Dreikurs, R., Grunwald, B., & Pepper, F. (1982). *Maintaining sanity in the classroom* (2nd ed.). New York: Harper & Row.

Dreikurs, R., & Mosak, H. (1967). The task of life: II. The fourth life task. *Individual Psychologist, 4*, 51–55.

Dreikurs, R., & Soltz, V. (1964). *Children: The challenge*. New York: Hawthorn/Dutton.

Eckstein, D., & Baruth, L. (1996). *Theory and practice of life-style assessment*. Dubuque, IA: Kendall/Hunt.

Engel, S. (1999). *The stories children tell: Making sense of the narratives of childhood*. New York: Freeman.

Everitt, B. (1992). *Mean soup*. New York: Harcourt Brace.

Frey, D. (1993). I brought my own toys today! Play therapy with adults. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 589–606). Northvale, NJ: Jason Aronson.

Frey, D. (1994). The use of play therapy with adults. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 189–206). New York: Wiley.

Gardner, R. (1971). *Therapeutic communication with children: The mutual storytelling technique*. Northvale, NJ: Jason Aronson.

Gardner, R. (1973). *The talking, feeling, doing game*. Creskill, NJ: Creative Therapeutics.

Gardner, R. (1986). *The psychotherapeutic technique of Richard A. Gardner*. Northvale, NJ: Jason Aronson.

Gerler, E. (1982). *Counseling the young learner*. Englewood Cliffs, NJ: Prentice Hall.

Gil, E. (1991). *The healing power of play: Working with abused children*. New York: Guilford Press.

Ginott, H. (1959). The theory and practice of "therapeutic intervention" in child treatment. *Journal of Consulting Psychology, 23*, 160–166.

Ginott, H. (1961). *Group psychotherapy with children: The theory and practice of play therapy*. New York: McGraw Hill.

Glover, N. (1999). Play therapy and art therapy for substance abuse clients who have a history of incest victimization. *Journal of Substance Abuse Treatment, 16*, 281–287.

Gordon, T. (1970). *Parent effectiveness training*. New York: Peter H. Wyden.

Griffith, J., & Powers, R. (1984). *An Adlerian lexicon*. Chicago: American Institute of Adlerian Studies.

Guerney, L. (1992). *Parenting: A skills training manual* (4th ed.). College Park, PA: Ideals.

Guerney, L. (1997). Filial therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 130–159). New York: Wiley.

Gushurst, R. S. (1971). The techniques, utility, and validity of lifestyle analysis. *The Counseling Psychologist, 3*, 30–39.

Haynes, P. (2001). Play therapy with the elderly. In G. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 335–348). Philadelphia: Taylor & Francis.

Henkes, K. (1988). *Chester's way*. New York: Mulberry.

Hynes, A., & Hynes-Berry, M. (1986). *Bibliotherapy: The interactive process*. Boulder, CO: Westview Press.

Jackson, S. (2001). Using bibliotherapy with clients. *Individual Psychology, 57*, 289–297.

Jackson, Y. (1998). Applying APA ethical guidelines to individual play therapy with children. *International Journal of Play Therapy, 7*(2), 1–15.

Kefir, N. (1971, July). *Priorities: A different approach to life style and neurosis*. Paper presented at the International Committee for Adlerian Summer Schools and Institutes, Tel-Aviv, Israel.

Kefir, N. (1981). Impasse/priority therapy. In R. Corsini (Ed.), *Handbook of innovative psychotherapies* (pp. 400–415). New York: Wiley.

Kefir, N. (1989). *Crisis intervention verbatim*. New York: Hemisphere.

Kellogg, R. (1970). *Analyzing children's art*. Palo Alto, CA: National Press Books.

Kissel, S. (1990). *Play therapy: A strategic approach*. Springfield, IL: Charles C Thomas.

Klein, J., & Landreth, G. (2001). Play therapy with dissociative identity disorder clients with child alters. In G. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 323–334). Philadelphia: Taylor & Francis.

Knoff, H., & Prout, H. (1985). *Kinetic drawing system for family and school: A handbook*. Los Angeles: Western Psychological Services.

Koller, T. (1994). Adolescent Theraplay. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 159–188). New York: Wiley.

Kottman, T. (n.d.). *Adlerian play therapy life style conceptualization form*. Unpublished manuscript.

Kottman, T. (1995). *Partners in play: An Adlerian approach to play therapy* (1st ed.). Alexandria, VA: American Counseling Association.

Kottman, T. (1997). Building a family: Play therapy with adopted children and their parents. In H. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individual play therapy for specific childhood problems* (pp. 337–370). Northvale, NJ: Jason Aronson.

Kottman, T. (1999). Using the Crucial Cs in Adlerian play therapy. *Individual Psychology, 55*, 289–297.

Kottman, T. (2000). Adlerian case consultation with a teacher. In M. Dougherty (Ed.), *Psychological consultation and collaboration* (3rd ed., pp. 48–62). Pacific Grove, CA: Brooks/Cole.

Kottman, T. (2001). *Play therapy: Basics and beyond*. Alexandria, VA: American Counseling Association.

Kottman, T. (in press). Mutual storytelling: Adlerian style. In H. Kaduson & C. Schaefer (Eds.), *101 play therapy techniques* (Vol. 3). Northvale, NJ: Jason Aronson.

Kottman, T., & Ashby, J. (1999). Using Adlerian personality priorities to custom-design consultation with parents of play therapy clients. *International Journal of Play Therapy, 8*(2), 77–92.

Kottman, T., & Ashby, J. (2002). Metaphoric stories. In C. Schaefer & D. Cangelosi (Eds.), *Play therapy techniques* (2nd ed., pp. 133–142). Northvale, NJ: Jason Aronson.

Kottman, T., Ashby, J., & DeGraaf, D. (2001). *Adventures in guidance: Integrating fun into your guidance program.* Alexandria, VA: American Counseling Association.

Kottman, T., & Stiles, K. (1990). The mutual storytelling technique: An Adlerian application in child therapy. *Journal of Individual Psychology, 46*, 148–156.

Kottman, T., Strother, J., & Deniger, M. (1987). Activity therapy: An alternative therapy for adolescents. *Journal of Humanistic Education and Development, 25*, 180–186.

Landreth, G. (n.d.). *Play therapy class laboratory book.* (Available from the University Book Store, University of North Texas, Denton, TX 76203)

Landreth, G. (1991). *Play therapy: The art of the relationship.* Muncie, IN: Accelerated Development.

Langenfeld, S., & Main, F. (1983). Personality priorities: A factor analytic study. *Individual Psychology, 39*, 40–51.

Lankton, C., & Lankton, S. (1989). *Tales of enchantment: Goal-oriented metaphors for adults and children in therapy.* New York: Brunner/Mazel.

LeBlanc, M., & Richie, M. (1999). Predictors of play therapy outcomes. *International Journal of Play Therapy, 8*(2), 19–34.

Leibowitz, M. (1999). *Interpreting projective drawings.* New York: Brunner/Mazel.

Lester, H. (1988). *Tacky the penguin.* New York: Scholastic.

Lew, A. (1999). Parenting education. In R. Watts & J. Carlson (Eds.), *Interventions and strategies in counseling and psychotherapy* (pp. 181–191). Philadelphia: Taylor & Francis.

Lew, A., & Bettner, B. L. (1996). *Responsibility in the classroom: A teacher's guide to understanding and motivating students.* Newton Centre, MA: Connexions Press.

Lew, A., & Bettner, B. L. (2000). *A parent's guide to motivating children.* Newton Centre, MA: Connexions Press.

Lindaman, S., & Haldeman, D. (1994). Geriatric Theraplay. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 207–228). New York: Wiley.

Lord, B. (1982). On the clinical use of children's early recollections. *Individual Psychology, 38*, 198–206.

Lott, L., & Nelson, J. (1995). *Teaching parenting the positive discipline way.* Fair Oaks, CA: Sunrise Press.

Malchiodi, C. (1994). *Breaking the silence: Art therapy with children from violent homes*. New York: Brunner/Mazel.

Malchiodi, C. (1998). *Understanding children's art*. New York: Guilford Press.

Manaster, G., & Corsini, R. (1982). *Individual psychology: Theory and practice*. Itasca, IL: Peacock.

Marvasti, J. (1993). "Please hurt me again": Posttraumatic play therapy with an abused child. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 485–526). Northvale, NJ: Jason Aronson.

Mills, J., & Crowley, R. (1986). *Therapeutic metaphors for children and the child within*. New York: Brunner/Mazel.

Monk, I. (1999). *Hope*. Minneapolis, MN: Carolrhoda Books.

Monson, A. (1997). *Wanted: Best friend*. New York: Dial.

Mosak, H. (1971). Life-style. In A. Nikelly (Ed.), *Techniques for behavior change: Applications of Adlerian theory* (pp. 77–81). Springfield, IL: Charles C Thomas.

Mosak, H. (1977). *On purpose*. Chicago: Alfred Adler Institute.

Mosak, H. (1979). Adlerian psychotherapy. In R. Corsini (Ed.), *Current psychotherapies* (2nd ed., pp. 44–94). Itasca, IL: Peacock.

Mosak, H. (1995). Adlerian psychotherapy. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies* (5th ed, pp. 51–94). Itasca, IL: Peacock.

Moustakas, C. (1953). *Children in play therapy: A key to understanding normal and disturbed emotions*. New York: McGraw-Hill.

Mozdzierz, G., Murphy, T., & Greenblatt, R. (1986). Private logic and the strategy of psychotherapy. *Individual Psychology, 42*, 339–349.

Muro, J., & Kottman, T. (1995). *Guidance and counseling in elementary and middle schools: A practical approach*. Dubuque, IA: Brown & Benchmark.

Myers, J. (1998). Bibliotherapy and DCT: Co-constructing the therapeutic metaphor. *Journal of Counseling and Development, 76*, 243–250.

Nelson, J. (1985). The three Rs of logical consequences, the three Rs of punishment, and the six steps for winning children over. *Individual Psychology, 41*, 161–163.

Nelson, J. (1986). The use of early recollection drawings in children's group therapy. *Individual Psychology, 42*, 288–291.

Nelson, J. (1987). *Positive discipline*. New York: Ballantine.

Nelson, J., Lott, L., & Glenn, S. (1993). *Positive discipline in the classroom: How to effectively use class meetings*. Rocklin, CA: Prima.

Nemiroff, M., & Annunziata, J. (1990). *A child's first book about play therapy*. Washington, DC: American Psychological Association.

Niel, B., & Landreth, G. (2001). Have toys—will travel: A traveling play therapist in the school setting. In G. Landreth (Ed.), *Innovations in* *play therapy: Issues, process, and special populations* (pp. 349–360). Philadelphia: Taylor & Francis.

Nishimura, N. (1995). Addressing the needs of biracial children: An issue for counselors in a multicultural school setting. *The School Counselor, 43*, 51–57.

Norton, C., & Norton, B. (1997). *Reaching children through play therapy: An experiential approach*. Denver, CO: Publishing Cooperative.

Nystul, M. (1980). Nystulian play therapy: Applications of Adlerian psychology. *Elementary School Guidance and Counseling, 15*, 22–29.

Nystul, M. (1999a). *Introduction to counseling: An art and science perspective*. Boston: Allyn & Bacon.

Nystul, M. (1999b). Problem-solving counseling: Integrating Adler's and Glasser's theories. In R. Watts & J. Carlson (Eds.), *Interventions and strategies in counseling and psychotherapy* (pp. 31–42). Philadelphia: Taylor & Francis.

Oaklander, V. (1992). *Windows to our children: A Gestalt approach to children and adolescents*. New York: The Gestalt Journal Press. (Original work published 1978)

O'Connor, K. (1983). The color your life technique. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 251–257). New York: Wiley.

O'Connor, K. (1991). *The play therapy primer: An integration of theories and techniques*. New York: Wiley.

O'Connor, K. (2000). *The play therapy primer* (2nd ed.). New York: Wiley.

Oram, H. (1998). *Badger's bad mood*. New York: Scholastic.

Oster, G., & Gould, P. (1987). *Using drawings in assessment and therapy: A guide for mental health professionals*. New York: Brunner/Mazel.

Pardeck, J. (1994). Using literature to help adolescents cope with problems. *Adolescence, 29*, 421–427.

Pardeck, J., & Markward, M. (1995). Bibliotherapy: Using books to help children deal with problems. *Early Childhood Development and Care, 106*, 75–90.

Pepper, F. (1979). The characteristics of the family constellation. *Individual Psychologist, 16*, 11–16.

Pepper, F. (1980). Why children misbehave. *Individual Psychologist, 17*, 19–37.

Pew, W. (1974, May). *The number one priority.* Paper presented at the 22nd annual meeting of the North American Society of Adlerian Psychology, Chicago.

Pew, W. (1976). The number one priority. In *Monograph of the International Association of Individual Psychology* (pp. 1–24). Munich, Germany: International Association of Individual Psychology.

Peyton, J. (1986). Use of puppets in a residence for the elderly. *Nursing Homes, 35*, 27–30.

Popkin, M. (1993). *Active parenting today*. Atlanta, GA: Active Parenting.

Popkin, M. (1994). *Active teaching*. Atlanta, GA: Active Parenting.

Powers, R., & Griffith, J. (1987). *Understanding life-style: The psychoclarity process*. Chicago: American Institute of Adlerian Studies.

Riordan, R., Mullis, F., & Nuchow, L. (1996). Organizing for bibliotherapy: The science in the art. *Individual Psychology, 52*, 167–180.

Schaefer, C. (1993). *The therapeutic powers of play*. Northvale, NJ: Jason Aronson.

Schaefer, C., & Greenberg, R. (1997). Measurement of playfulness: A neglected therapist variable. *International Journal of Play Therapy, 6*(2), 21–32.

Segel, R. (1991, January). *Integrating art, music, creative movement, phototherapy, guided imagery within family therapy*. Paper presented at the Texas Association for Marriage and Family Therapy Annual Conference, Dallas, TX.

Shannon, D. (1998). *A bad case of stripes*. New York: Blue Sky Press.

Shapiro, S., Skinulis, K., & Skinulis, R., (1996). *Practical parenting: A common sense guide to raising cooperative, self-reliant, and loving children*. Toronto, Ontario, Canada: Parent Education.

Shrank, F. (1982). Bibliotherapy as an elementary school counseling tool. *Elementary School Guidance and Counseling, 16*, 218–227.

Shulman, B., & Mosak, H. (1988). *Manual for life-style assessment*. Muncie, IN: Accelerated Development.

Shulman, B., & Watts, R. (1997). Adlerian and constructivist psychotherapies: An Adlerian perspective. *Journal of Cognitive Psychotherapy, 11*, 181–193.

Smith, D. M., & Smith, N. (1999). Relational activity play therapy group: A "stopping off place" for children on their journey to maturity. In D. Sweeney & L. Homeyer (Eds.), *Group play therapy: How to do it, how it works, whom it's best for* (pp. 234–266). San Francisco: Jossey-Bass.

Steinhardt, L. (1985). Freedom within boundaries: Body outline drawings in art therapy with children. *The Arts in Psychotherapy, 12*, 25–34.

Stiles, K., & Kottman, T. (1990). Mutual storytelling: An alternative intervention for depressed children. *School Counselor, 37*, 337–342.

Straus, M. (1999). *No-talk therapy for children and adolescents*. New York: Norton.

Sweeney, T. (1989). *Adlerian counseling: A practical approach for a new decade* (3rd ed.). Muncie, IN: Accelerated Development.

Terr, L. (1983). Play therapy and psychic trauma: A preliminary report.

In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 308–319). New York: Wiley.

Terr, L. (1990). *Too scared to cry*. New York: Harper & Row.

Thompson, C., & Rudolph, L. (2000). *Counseling children* (5th ed.). Pacific Grove, CA: Brooks/Cole.

Trottier, M., & Seferlis, N. (1990, June). *Using therapeutic metaphors in school counseling*. Paper presented at a conference of the American School Counselor Association, Little Rock, AK.

VanFleet, R. (1994). *Filial therapy: Strengthening parent–child relationships through play*. Sarasota, FL: Professional Resource Press.

VanFleet, R. (2000). *A parent's handbook of filial therapy: Building strong families with play*. Boiling Springs, PA: Play Therapy Press.

Watts, R. (1999). The vision of Alfred Adler: An introduction. In R. Watts & J. Carlson (Eds.), *Interventions and strategies in counseling and psychotherapy* (pp. 1–13). Philadelphia: Accelerated Development.

White, J., Flynt, M., & Draper, K. (1997). Kinder Therapy: Teachers as therapeutic agents. *International Journal of Play Therapy, 6*(2), 33–52.

Williams, A. (1977). Power plays at home and school. *Individual Psychologist, 14*(2), 1–13.

Yura, M., & Galassi, M. (1974). Adlerian usage of children's play. *Journal of Individual Psychology, 30*, 194–201.

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